



Idaho Part C

State Systemic Improvement Plan

Phase I

FFY 2013 SPP/APR Indicator #11 Report

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Overview of Idaho's State Systemic Improvement Plan (SSIP)

Idaho's State-identified Measurable Result (SiMR)

The Idaho Infant Toddler Program (ITP) selected the following SiMR (State-identified Measurable Result) for Indicator 11 – State Systemic Improvement Plan (SSIP):

- Increase the percentage of infants and toddlers with disabilities, receiving services in Regions 1, 2, and 3, who leave the Infant Toddler Program with progress made in social-emotional development.

The SiMR statement refers to the Child Outcome Indicator, 3A – Positive Social-Emotional Skills, and is tailored to Summary Statement 1 – Infants and Toddlers Who Increase Their Rate of Growth. In addition, the SiMR focuses on a subset of regions as a starting point with the expectation to have new strategies implemented statewide by the end of the five-year plan.

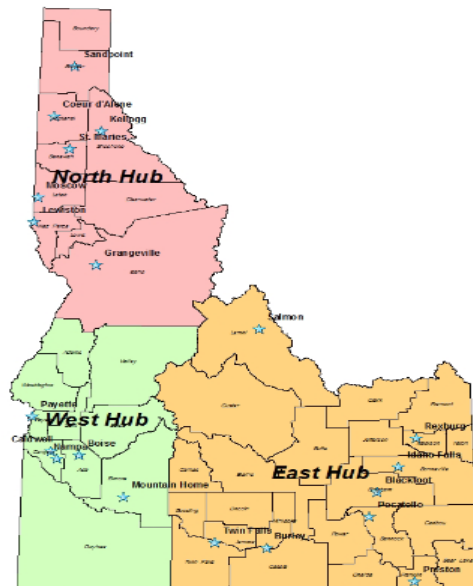
Idaho's Infant Toddler Program

The Idaho Department of Health and Welfare (DHW), Division of Family and Community Services (FACS) is the State Lead Agency for the Individuals with Disabilities Education Act (IDEA) Part C program in Idaho. Within DHW, the Idaho Infant Toddler Program manages the Part C program.

The Idaho Infant Toddler Program coordinates an early intervention system to identify and serve children birth to three years of age who have a developmental delay or conditions that may result in a developmental delay. The Program acts like an umbrella over several different agencies and services. Program funds are used to ensure that all existing programs work together effectively. The Program links children with services that promote their physical, mental, and/or emotional development and support the needs of their families.

The Idaho Infant Toddler Program consists of three hubs with a total of seven regions:

- North Hub – Includes regions 1 and 2
- West Hub – Includes regions 3 and 4
- East Hub – Includes regions 5, 6, and 7



Each hub has both a Case Management and a Direct Services Hub Leader. Additionally, each region has Human Services Supervisors (Case Management and Direct Services). The Hub Leaders and Human Services Supervisors are responsible for managing all Infant Toddler Program staff and contractors in each region/hub.

Over the past four years, the Idaho Infant Toddler Program has seen an increase in referrals and enrollments, with over 3,700 children referred last year. A snapshot count on February 20, 2015 shows the Infant Toddler Program currently serves 1,851 children birth to three years of age. A cumulative count from July 1, 2013 through June 30, 2014 showed the Infant Toddler Program served 3,774 children birth to three years of age.

State Systemic Improvement Plan (SSIP) Phase I Process

Idaho officially started the State Systemic Improvement Plan (SSIP) project in April 2014, with the creation of a Project Plan and timeline. The Project Plan described the purpose and goals of Phase I, identified the stakeholder structure, and outlined the activities and timelines for the project. *(Refer to Appendix A for the “SSIP Project Plan”)*

It was important for the State Team to incorporate stakeholders to develop the SSIP while continuing to stay on task and meet deadlines for the major project milestones. All SSIP meetings, who attended, topics discussed, and action items were tracked and recorded in a single document in order to maintain a summary of all SSIP activities. *(Refer to Appendix B for the “SSIP Project Meeting Tracker”)*

The completion of Phase I weighed heavily on the assistance provided by the Early Childhood Technical Assistance (ECTA) Center, Western Regional Resource Center (WRRRC), and the Center for IDEA Early Childhood Data Systems (DaSy) which are centers responsible for providing technical assistance and resources to Part C early intervention programs. These technical assistance partners stayed actively involved and receptive to each State’s needs as the SSIP activities progressed.

WRRRC, ECTA and DaSy staff have assisted Idaho through all aspects of Phase I activities. They have served in multiple roles that have been essential to our progress. They have participated in and/or assisted with preparing for all of the SSIP Stakeholder meetings. ECTA staff hosted webinars so that data and documents could be shared across state programs, and developed resources and tools to assist with completing each component of the SSIP. The technical assistance they have provided has given Idaho the confidence to move forward with SSIP related work while the requirements continued to evolve and unfold.

Overview of Stakeholder Involvement

The stakeholder group structure consisted of a State Team, a small stakeholder group, and a broad stakeholder group. It seemed appropriate to identify the Early Childhood Coordinating Council (EC3) as the broad stakeholder group since it was already established, and included key early childhood partners with shared interest in providing quality services to infants and toddlers in Idaho.

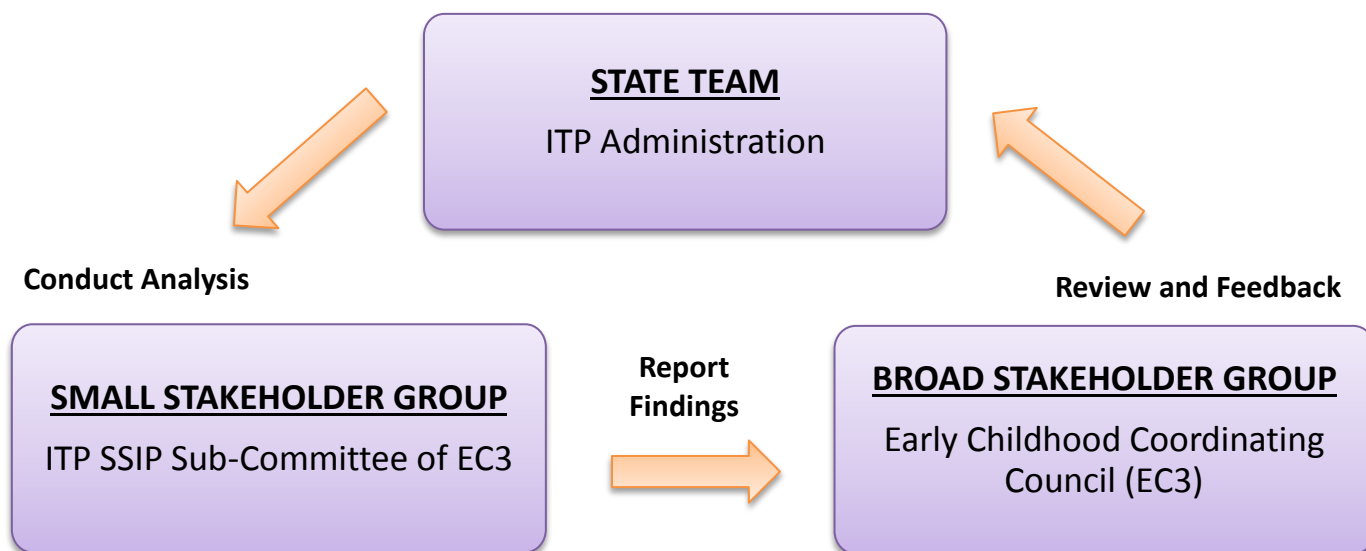
It also seemed logical to ask the EC3 to use its Infant Toddler Program (ITP) Sub-Committee as the small stakeholder group for ITP’s SSIP initiative. Using this forum enabled ITP to leverage members from EC3, as well as identify Infant Toddler Program staff and hub leaders from across the state to assist with the SSIP analysis.

Infant Toddler Program received input from internal and external representatives from all levels of the state's early childhood system, including policy makers, parents, non-profit organizations, providers, hub leaders, and early interventionists. Because of this structure, rich discussions occurred and valuable information was obtained to guide Infant Toddler Program in its data and infrastructure analysis phase.

The following list describes the representatives involved in each of the stakeholder groups:

STAKEHOLDER GROUPS	MEMBERS
State Team – Infant Toddler Program Central Office Administration	<ul style="list-style-type: none"> • Part C Coordinator • ITP Policy Specialists • Operations Program Manager • ITP Program Specialist/Developmental Milestones Coordinator • Data Analysts
Small Stakeholder Group – Infant Toddler Program State Systemic Improvement Plan (SSIP) Committee	<ul style="list-style-type: none"> • Executive Director of American Academy of Pediatrics (AAP) Idaho Chapter (Committee Chair) • Parent of child previously enrolled in ITP • IdahoSTARS • State Department of Education, Division of Special Education • State Child Care Administration • Family and Community Services, Children's Developmental Disabilities Program • Infant Toddler Program – North Hub Leader, Region 6 Developmental Specialist, Region 5 Service Coordinator • Idaho Association for Infant and Early Childhood Mental Health (AIM Early Idaho) President • SSIP State Team (members listed above)
Broad Stakeholder Group – Early Childhood Coordinating Council (EC3)	<ul style="list-style-type: none"> • Parents of children with disabilities • American Academy of Pediatrics Idaho Chapter • Governor's discretion (several members) • Higher Education • Idaho Education Services for the Deaf and Blind • Community Council of Idaho • IDEA Part C • State Child Care Administration • Child Welfare • Legislative Representatives • Regional Early Childhood Committee (RECC) • State Department of Insurance • Council on Development Disabilities • Maternal Child Health • Mental Health • Medicaid • State Department of Education - 619 • Head Start Programs • Early Intervention Provider

A process was established for the stakeholder groups to communicate and share information between committees, and ensure each committee had the opportunity to review and provide feedback on the findings and proposals. The groups were structured using the following process:



This system enabled Infant Toddler Program to obtain stakeholder input for each component of the State Systemic Improvement Plan, and ensured the information was shared at a level appropriate for each audience. The approach proved to be very effective, and encouraged participation and contribution from the committee members.

Each group had differing roles and responsibilities, as follows:

STAKEHOLDER GROUPS	ROLES AND RESPONSIBILITIES
State Team	<ul style="list-style-type: none"> • Identify key data sources • Pull and compile data • Complete analysis tools • Analyze results • Develop draft documents for stakeholder review • Identify draft targets
Infant Toddler Program State Systemic Improvement Plan (SSIP) Committee	<ul style="list-style-type: none"> • Review and provide input on draft documents • Complete activities for data and infrastructure analysis • Share experiences to guide analysis • Identify resources • Provide input on draft targets
Early Childhood Coordinating Council	<ul style="list-style-type: none"> • Review final documents and decisions from small stakeholder group • Share experiences to guide analysis • Identify resources • Review, provide input, and approve targets

Strong collaboration with the Early Childhood Technical Assistance Center and other states allowed Idaho Infant Toddler Program to follow a well-defined process and utilize efficient tools to complete each component of the State Systemic Improvement Plan. The following chart highlights the major project accomplishments, including stakeholder meetings, that were achieved as part of the Phase I development:

Timeline	Accomplishments	Small Stakeholder Meeting	Broad Stakeholder Meeting
April – August 2014	<ul style="list-style-type: none"> • Small Stakeholder Group • Broad Data Analysis • In-Depth Data Analysis • Broad Infrastructure Analysis • Preliminary State-identified Measurable Result • State Initiatives Inventory 	8-19-14	7-18-14
September – October 2014	<ul style="list-style-type: none"> • OSEP Technical Assistance Visit • In-Depth Infrastructure Analysis • Regional Data Comparisons • Hypotheses Statements • Infant Toddler Program Staff/Contractor Survey 	10-23-14	9-12-14 11-7-14
November 2014 – February 2015	<ul style="list-style-type: none"> • Infant Toddler Program Survey Analysis • Improvement Strategies • Theory of Action • Final SiMR • State Systemic Improvement Plan targets 	1-29-15	2-6-15

Component #1: Data Analysis

1(a) How Key Data were Identified and Analyzed

The data analysis process was completed using multiple sources of data, through various methods of data collection in order to gain a better understanding of the program's strengths and weaknesses, and identify resources that could support the program with system improvements. Data was collected from Infant Toddler Program's (ITP's) web-based data system, ITPKIDS, as well as through surveys, stakeholder groups, and external data systems.

The data analysis focused on exploring the three Child Outcome areas:

- **Indicator 3** – Percent of infants and toddlers with IFSPs (Individualized Family Service Plans) who demonstrate improved:
 - A. Positive social-emotional skills (including social relationships);
 - B. Acquisition and use of knowledge and skills (including early language/communication); and
 - C. Use of appropriate behaviors to meet their needs.
- **Summary Statement 1 and 2** –
 - 1) Of those infants and toddlers who entered or exited early intervention below age expectations, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.
 - 2) The percent of infants and toddlers who were functioning within age expectation by the time they turned 3 years of age or exited the program.

The Infant Toddler Program (ITP) took the following steps to complete the Data and Infrastructure Analysis process:

STEP 1: Broad Data Analysis (State Team)

The State Team held meetings from May 2014 – August 2014 to initiate and complete the data analysis process. During this timeframe, several activities occurred to collect and analyze the data, as well as identify resources that could assist with the analysis.

The State Team began its data analysis by reviewing “Idaho’s Part C State Child Outcomes Data Quality Profile Report.” This report compared Idaho to the national average for Indicator 3 (A, B, and C), and displayed trending over the past few years.

Other tools initially used by the State Team include the “Child Outcomes Broad Analysis Template” and the “Child Outcomes Sub-Group Analysis Template” which assisted the team to analyze local systems and data trends within the program, and identify how to disaggregate the data in a meaningful way.

Some of the initial questions asked to help guide the broad analysis included:

- Does our state’s child outcomes data look different than the national data?
- Is our state performing lower in some outcomes than others?
- Are our state child outcomes trends stable over time?
- Are the child outcomes similar across programs?
- Are we confident in our data quality?
- Why does the data look the way it does?

The State Team disaggregated and analyzed the data in multiple phases over several meetings. The data analyst queried the database prior to each meeting, and then presented the information to the team for discussion. The team created a list of questions based on the data, and the analyst then pulled the information and reported the findings at the subsequent meeting.

The chart below summarizes the notes and conclusions from each State Team meeting:

State Team Meeting	Discussion/Activities	Additional Information Needed
May 15, 2014	<p>Completed <u>"Idaho's Broad Data Analysis Worksheet"</u> to compare Idaho with national data and trending over time:</p> <ul style="list-style-type: none"> • Does our state's child outcomes data look different than the national data? <ul style="list-style-type: none"> ○ Idaho's data is consistent with national data. • Is our state performing more poorly in some outcomes than others? <ul style="list-style-type: none"> ○ Social-Emotional is lower than the other outcomes. • Are our state child outcomes trends stable over time? Trending upwards? Trending downwards? <ul style="list-style-type: none"> ○ There appears to be a slight downward trend for Summary 1 (made progress) in all outcome areas. However, looking at FFY13 data – "Use of Knowledge and Skills" and "Use of Appropriate Behaviors" have stabilized, but Positive Social-Emotional Skills continues to decline. • Are the child outcomes similar across programs? <ul style="list-style-type: none"> ○ Summary #2 (exits at age expectation) shows big variances across regions. ○ Region 4 is the highest and region 3 is the lowest compared to the rest of the state. Region 3 is significantly low in Knowledge and Skills, Summary 2. ○ Overall, social-emotional is the lowest for all regions. 	<p>Need to disaggregate the data – Data analyst will create report based on the Early Childhood Technical Assistance (ECTA) Center "Subgroup Data Analysis Template"</p>
June 10, 2014	<p>Reviewed the <u>Subgroup Data Analysis Reports: (refer to Appendix C for Childhood Outcome Subgroup Reports)</u></p> <ul style="list-style-type: none"> • Included review of: Race, Age at Entry, Eligibility, and Exit Reason • Summary of Findings: <ul style="list-style-type: none"> ○ Non-white populations scored lowest in social-emotional outcomes. ○ Regions 3 and 5 have largest Hispanic population. ○ Enrollments are lower for children ages 6 months to 18 months. ○ Children eligible under Informed Clinical Opinion (ICO) should have higher Early Childhood Outcome (ECO) scores when exiting. ○ Region 1 has the highest ECO scores for social-emotional Summary Statement 1, at 70.2 percent. 	<p><u>Reports Needed for Next Meeting:</u></p> <ul style="list-style-type: none"> • Exit Reason by Race • Length of Enrollment by Exit Reason • Informed Clinical Opinion Exit Reasons • Exit Reasons by Eligible, Ineligible, Graduated and comparing 3 outcome areas • Exit reason "moved out of state" in relation to race

<p>June 23, 2014</p>	<p>Reviewed additional reports that included review of: Early Childhood Outcome (ECO) Data, Race and Language, Enrollments and Exits, Eligibility, Exit ECO Scores</p> <ul style="list-style-type: none"> • Summary of Findings: <ul style="list-style-type: none"> ○ Social-emotional has lower percentages overall ○ Data for race was not statistically significant to draw meaningful conclusions. ○ High percentage of children only enrolled in the program for 6-12 months. ○ Twenty-seven percent of children enrolled more than 24 months reached age 3 and were either Part B ineligible or eligibility was not determined. ○ “Maintain Contact Unsuccessful” for exit reason is significantly higher (15 percent) for Established Medical Condition (EMC) vs. Developmental Disability (DD): 7.3 percent eligibility. ○ Nine percent of children with a 6 or 7 ECO score exiting are Part B eligible. ○ Forty-eight percent of parents withdraw their children without reaching a 6 or 7 ECO score. ○ 27 children graduated prior to age three without an ECO score of a 6 or 7 in all three child outcomes. ○ Children with same entry and exit score of a 6 or 7 were identified as “no improvement”, resulting in data errors 	<p><u>Reports Needed for Next Meeting:</u></p> <ul style="list-style-type: none"> • All children identified with “no improvement” between entry and exit • Are children who graduate before age three returning to the program? • How many Part B-eligible children entering ITP at age 24-30 are actually re-entering ITP? • Children with multiple cases who graduated before age three - compare the entry vs. exit scores for each case • Of those who graduated not at age level in all 3 outcomes - which outcomes are lowest? (by region)
<p>July 18, 2014</p>	<p>Reviewed additional reports that included ECO Data and Exit Reasons</p> <ul style="list-style-type: none"> • Summary of Findings: <ul style="list-style-type: none"> ○ Because of the ECO scoring data errors identified above, children are not showing up in the Summary Statement 1 or 2. ○ No significant instances found of children graduating before age three inappropriately. ○ Overall children graduating with ECO scores under a 6 and 7 have a score of 5. 	<p><u>Reports Needed:</u></p> <ul style="list-style-type: none"> • If we modify the 59 kids in social-emotional to “made improvement”, what does this do to results? Look at statewide and per region
<p>July 29, 2014</p>	<p>The data analyst completed the following steps to correct the data errors with “no improvement” to re-calculate the Summary Statements:</p> <ul style="list-style-type: none"> • Pulled all of the clients who had “False” for improvement on their exit report. Exit scores of 6 and 7, and clients with improvements were flagged. • Some clients had “False” selected but had no exit scores. • Some turned 3, Part B Eligible, with no exit scores and “false” selected. • Decided to re-calculate summary statements using the exit scores and ignoring the “false” field when a numeric increase occurred or the numeric value indicated improvement was likely. <p>Conclusion:</p> <ul style="list-style-type: none"> • Social-emotional outcome remains the lowest area for Summary Statement 1. 	

STEP 2: Broad Data Analysis and Preliminary SiMR (State-identified Measurable Result), ITP SSIP Committee and EC3 (Early Childhood Coordinating Council)

The initial ITP SSIP (State Systemic Improvement Plan) Committee meeting took place in August 2014. The first day was spent providing an overview of the SSIP and reviewing the data compiled by the State Team. The following activities were completed in order to assist the stakeholders with reviewing the data and discussing barriers and concerns:

- **Broad Data Analysis Reports** – The State Team consolidated the data and created reports that compared the three child outcomes and highlighted areas of concern. Refer to 1(a) “How Key Data were Identified and Analyzed” for a description of the child outcomes and summary statements.

The reports included:

- Idaho vs. National Results - Summary Statements 1 and 2 for Indicators 3A, 3B, 3C
- Idaho Trends Over Time - Summary Statements 1 and 2 for Indicators 3A, 3B, 3C
- Idaho’s Progress Categories – Over last three years for Indicators 3A, 3B, 3C
- Amount of Growth – FFY13 for Indicators 3A, 3B, 3C
- Entry vs. Exit Scores – FFY13 for Indicators 3A, 3B, 3C
- Child Outcome Report By Region – FFY13 for Indicators 3A, 3B, 3C

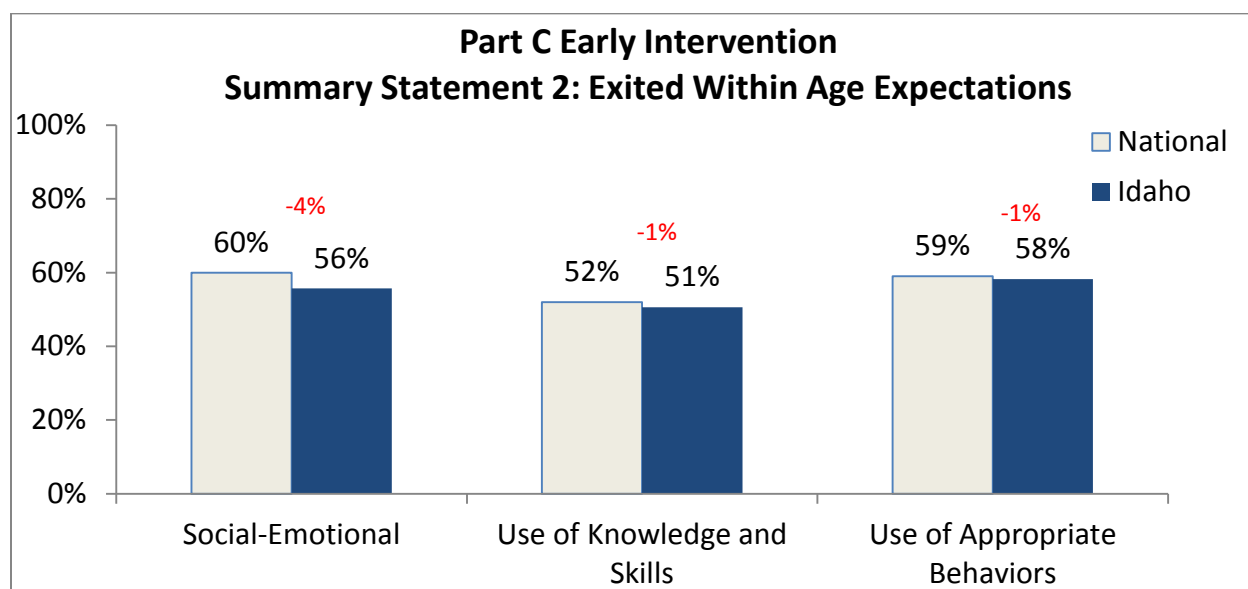
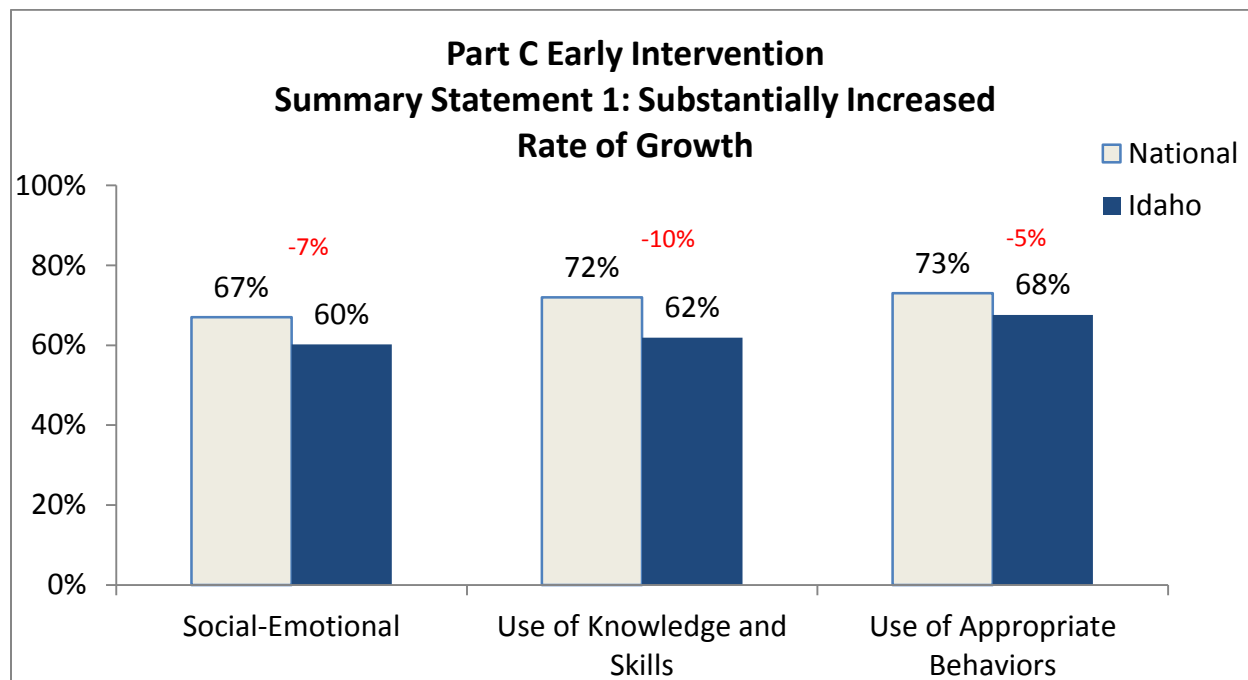
Refer to [Appendix D - “8-19-14 ITP SSIP Committee”](#) for the complete listing of reports. See below for key reports used to identify the SiMR.

- **In-Depth Analysis Planning Worksheet** – After the State Team presented the data findings, stakeholders completed a worksheet to identify factors that may be contributing to less than optimal growth. “Positive Social-Emotional Skills” and “Use of Knowledge and Skills” were identified as the two potential areas for the SiMR based on the broad data analysis; therefore, the worksheet compared Indicators 3A and 3B. Stakeholders were asked the following questions:
 - What jumps out?
 - What patterns look concerning?
 - What additional questions do we need to answer?
 - What additional data do we need?
 - What does the data tell us?

Key Data Graphs and Conclusions Used to Determine the SiMR (State-identified Measurable Result):

Idaho vs. National Results

Idaho is slightly lower than the national data in all three areas, for both Summary Statements 1 and 2. Use of Knowledge and Skills shows the biggest discrepancy for Summary Statement 1, at 10 percent below the national average, and Positive Social-Emotional Skills shows the biggest discrepancy for Summary Statement 2, at four percent below the national average. Social-emotional is the lowest of the three outcomes for Summary Statement 1.



* National data is based on 33 states with the highest quality data for 2011-2012.

Idaho Entry vs. Exit Early Childhood Outcome (ECO) Scores

The table illustrates entry and exit data for FFY13. The far-left column displays scores at entry and the topmost row displays the scores at exit. The cells in yellow represent children who scored the same at entry and exit. Anything below the yellow and in red font indicates children who scored lower at exit than at entry. Anything above the yellow are children who scored higher at exit than at entry. It is important to note the cells that show a change in score of 1 or higher with slightly larger percentages (also called "Concern Cases"). The Social-Emotional Skills outcome had the most concern cases.

3.A – Social- Emotional Skills

State Overall		Exit							Total
		1	2	3	4	5	6	7	
Entry	1	1	1	1	0	1	1	0	5
	2	0	13	19	9	15	9	2	67
	3	3	5	17	45	32	24	16	142
	4	0	7	10	56	92	53	37	257
	5	0	4	18	27	123	129	105	408
	6	0	1	6	26	59	137	147	376
	7	0	0	3	2	7	17	78	108
Total		4	31	74	165	329	370	385	1363

Concern Cases: 195

3.B - Use of Knowledge and Skills

State Overall		Exit							Total
		1	2	3	4	5	6	7	
Entry	1	2	1	3	1	0	1	2	10
	2	1	16	21	16	12	9	1	76
	3	2	12	35	49	42	35	13	190
	4	1	10	29	71	106	80	60	357
	5	0	1	11	26	133	128	108	408
	6	0	1	4	21	38	91	117	273
	7	1	1	1	1	4	6	35	49
Total		6	42	104	185	335	350	336	1365

Concern Cases: 171

Idaho Regional Child Outcomes Reports

Children in categories B, C, and D (defined below) were considered to have the greatest likelihood for improvement. When comparing children in these categories (excluding A and E), statewide the lower percentage was in the social-emotional area. Children make the least amount of progress in the social-emotional outcomes, at 72 percent making progress, compared to 80 percent for Use of Knowledge and Skills.

Social-Emotional Skills

Positive Social Emotional Skills								
	Total	A. No Improvement	B. Improved/Not Closer to Peers	C. Closer/Not Typical	D. Improved to Typical	E. Maintained Typical	Summary Statement 1 (Progress)	Summary Statement 2 (At Age Level)
Region 1	186	1%	21%	20%	23%	36%	67%	58%
		1	39	38	42	66		
Region 2	70	0%	37%	14%	29%	20%	54%	49%
		0	26	10	20	14		
Region 3	203	3%	27%	15%	21%	34%	55%	55%
		7	54	31	43	68		
Region 4	402	1%	26%	11%	24%	38%	56%	62%
		3	106	43	98	152		
Region 5	111	4%	26%	22%	32%	17%	64%	49%
		4	29	24	35	19		
Region 6	136	0%	31%	18%	34%	17%	63%	51%
		0	42	25	46	23		
Region 7	243	0%	31%	17%	37%	15%	63%	52%
		1	75	40	91	36		
State	1,351	1%	28%	16%	28%	28%	60%	56%
		16	371	211	375	378		
National	-	-	-	-	-	-	67%	60%

72%

Use of Knowledge and Skills

Use of Knowledge and Skills								
	Total	A. No Improvement	B. Improved/Not Closer to Peers	C. Closer/Not Typical	D. Improved to Typical	E. Maintained Typical	Summary Statement 1 (Progress)	Summary Statement 2 (At Age Level)
Region 1	186	1%	23%	19%	28%	29%	66%	57%
		2	43	36	52	53		
Region 2	70	0%	36%	23%	23%	19%	56%	41%
		0	25	16	16	13		
Region 3	203	3%	33%	26%	24%	13%	58%	37%
		7	67	53	49	27		
Region 4	402	1%	30%	12%	34%	22%	60%	57%
		5	121	48	138	90		
Region 5	111	2%	26%	25%	32%	15%	67%	47%
		2	29	28	35	17		
Region 6	136	0%	31%	21%	29%	19%	62%	49%
		0	42	28	40	26		
Region 7	243	0%	32%	16%	43%	10%	65%	53%
		0	77	38	105	23		
State	1,351	1%	30%	18%	32%	18%	62%	51%
		16	404	247	435	249		
National	-	-	-	-	-	-	72%	52%

80%

* Data represents July 1, 2013-June 30, 2014, with edits of "no improvement" records

The stakeholders completed the “Recommending Measurable Results” worksheet on the second day, after reviewing the data analysis and completing the broad infrastructure analysis. Refer to Component 2 for details of the infrastructure analysis results. The worksheet was used to identify to what degree the data demonstrated a need, to what degree the infrastructure supported improvements in the outcomes, and to identify leverage points to improve outcomes.

The worksheet enabled stakeholders to summarize the results of their broad data and infrastructure analysis to compare the child outcomes and identify a preliminary SiMR (**State-identified Measurable Result**.) The committee was able to identify and unanimously vote that the preliminary SiMR be Indicator 3A - Positive Social-Emotional Skills, Summary Statement 1 and 2. Refer to Component 3, Section 3(b) “Data and Infrastructure Analyses Substantiating the SiMR” for detailed rationale.

Following the August ITP SSIP Committee meeting, the selection of the preliminary SiMR was presented to the **Early Childhood Coordinating Committee (EC3)** in September 2014. The EC3 demonstrated strong support for the SiMR and preliminary findings, and approved the focus of the SSIP (**State Systemic Improvement Plan**) and ITP’s next steps for the process.

STEP 3: OSEP Technical Assistance Visit with State Team

The State Team received on-site technical assistance from the **Office of Special Education Programs (OSEP)** in September 2014. During this visit, the State Team presented the broad data analysis findings, preliminary SiMR (**State-identified Measurable Result**) and broad infrastructure analysis findings. Once presented with the data used to identify the preliminary SiMR, OSEP stated that Idaho had collected more than enough data to support the SiMR and to assist with identifying improvement strategies. A good portion of the conversation was directed towards ITP’s infrastructure, and considerations for how to move forward with system changes.

OSEP recommended targeting a subset of regions for the SiMR, with a plan to share and implement the SSIP activities with other regions as swiftly as possible. It was suggested that Idaho start with regions or hubs that are ready to move and are higher performers, because readiness and proficiency are vital to making improvements.

STEP 4: Regional Data Comparisons (State Team)

The State Team held meetings in September and October 2014 to collect additional data to assist with refining the SiMR. The team explored several sources of data and information, from both internal and external entities, to help identify characteristics of each region and gain a better understanding of Idaho’s vulnerable areas with higher-risk populations.

Data sources used included:

ITP’s web-based data system (ITPKIDS)

SPP/APR (**State Performance Plan/Annual Performance Report**)

Idaho Vital Statistics

Idaho Department of Health and Welfare - Child Welfare and Medicaid

Idaho Department of Labor

Idaho State Police Department

The data analyst compiled the data to show a comparison of each region's strengths in terms of access to health care services and serving high-risk populations. This information was shared with stakeholders at the next meeting to discuss strengths and weaknesses of each region, as discussed in Step 5.

STEP 5: Regional Comparison of External Data (Infant Toddler Program SSIP Committee)

The ITP SSIP (**S**tate **S**ystemic Improvement **P**lan) Committee reconvened in October 2014, where the regional strengths comparison was discussed to start considering regions for the SiMR. A few key points regarding the data include:

- Region 5 is consistently in the weaker half of the regions across all variables.
- Regions 1, 2, and 3 have higher number of children ages 0-3 in foster care. This means a higher number of referrals to ITP from child welfare and a need for social-emotional screenings.
- Regions 2 and 4 are the strongest socio-economic situations, as indicated by overall Medicaid enrollments and enrollments under age 5.
- The percentage of workers employed in health care is higher in Regions 2, 3, and 4 than in other regions, meaning a potentially higher awareness of the importance of intervention and medical care.

IDAHO'S REGIONAL STRENGTHS COMPARISON

	Health Care Employment as % of the Region	HealthCare Businesses as % of Total	Regional Health Care Wages Compared to Border States'	Active Physician Assistants Per Capita	Physician Assistant Lower 25% wage	Physician Assistant Median Wage	DDA Providers	Hospital Beds	ICF/IID Beds	Rural Health Centers
INDICATOR OF....	Community Involvement in Health Care	Community Involvement in Health Care	Recruiting	Family Practice Availability	Recruiting	Retention/ Longevity	Resource Availability	Resource Availability	Resource Availability	Resource Availability
Stronger Scenario	Region 2	Region 7	Region 6	Region 6	Region 2	Region 7	Region 7	Region 4	Region 4	Region 6
	Region 3/4	Region 6	Region 7	Region 7	Region 7	Region 2	Region 2	Region 6	Region 6	Region 2
		Region 3/4	Region 1	Region 3/4	Region 6	Region 3/4	Region 5	Region 2	Region 3	Region 7
	Region 6		Region 3/4		Region 3/4		Region 3	Region 7	Region 5	Region 5
	Region 7	Region 1	Region 3/4	Region 2	Region 5	Region 1	Region 5	Region 7	Region 3	
	Region 1	Region 2	Region 2	Region 5	Region 1	Region 1	Region 6	Region 1	Region 2	Region 1
Weaker Scenario	Region 5	Region 5]	Region 5	Region 1	Region 5	Region 6	Region 4	Region 3	Region 1	Region 4

**By difference from population distributions across the state*

	Children in Foster Care, Ages 0-3 Per Capita	Children in Foster Care total Per Capita	Group "A" Crime Rate per 100k pop	Intimate Partner Violence per 100k pop	Unemployment Rates	Total Medicaid Enrollment	Medicaid Enrollment Under Age 5	Medicaid Enrollment Ages 18-24	Medicaid Enrollment Ages 25-44
INDICATOR OF....	Referrals	Community Stability	Community Stability	Community Stability	Community Stability	Socio-Economics	Socio-Economics	Socio-Economics	Socio-Economics
Stronger Scenario	Region 7	Region 7	Region 7	Region 7	Region 5	Region 4	Region 2	Region 2	Region 4
	Region 6	Region 6	Region 5	Region 5	Region 7	Region 2	Region 4	Region 4	Region 5
	Region 4	Region 4	Region 3/4	Region 2	Region 4	Region 1	Region 7	Region 7	Region 7
	Region 5	Region 2		Region 3	Region 6	Region 6	Region 6	Region 6	Region 2
	Region 3	Region 5	Region 6	Region 6	Region 2	Region 7	Region 5	Region 5	Region 1
	Region 2	Region 1	Region 2	Region 4	Region 3	Region 5	Region 1	Region 1	Region 6
Weaker Scenario	Region 1	Region 3	Region 1	Region 1	Region 1	Region 3	Region 3	Region 3	Region 3

Created October, 2014 by Jennifer Surrusco, Idaho Department of Health and Welfare

STEP 6: ITP Staff and Contractor Survey (State Team)

A survey was sent to ITP staff and contractors in November 2014 (*refer to Appendix E for the survey results*). The State Team created the survey to collect data on the confidence and competence of ITP staff and contractors in social-emotional development, as well as determine the validity of the hypotheses of potential root causes.

Regions sought for the SiMR (**S**tate-identified **M**easurable **R**esult) needed to be committed and have the capacity to make improvements and reach high fidelity quickly. The survey results were used to identify which regions exhibited those qualities.

The survey consisted of 40 questions, and provided multiple options for responding using Likert scale, true or false, prioritization, and open-ended questions. The survey also asked several demographic questions that enabled disaggregation of the data based on region, staff or contractor position, disciplines, longevity, etc.

The results of the survey offered invaluable information. Disaggregating the results by regions assisted with selecting focused regions for the SiMR (refer to Component 3 for details). Additionally, some of the information obtained through the survey provides baseline data for measuring activities in the future.

In addition, a personnel inventory was sent to hub leaders in October 2014. The purpose of this data was to get a better understanding of the personnel resources in each region - including the number of staff and contractors, the types of disciplines available, and longevity of each resource with the program. It also identified expertise in each of the regions (such as infant mental health), and whether people were willing to provide training on specific topics. The results helped to select regions that appeared to have a stronger infrastructure for the SiMR.

STEP 7: Final SiMR (State Team, ITP SSIP Committee, and (Early Childhood Coordinating Council - EC3)

The State Team used the data results from the personnel inventory and ITP staff and contractor survey to compare regions for the SiMR. Refer to Component 3, section 3(c) "SiMR as Child-Family-Level Outcome" for the data used to compare and select the regions for the SiMR.

1(b) Disaggregated Data

Demographic and programmatic data were both analyzed to identify any populations potentially being underserved in the program, and to identify any populations or needs with which staff may benefit from additional training. The disaggregated program data was reviewed, such as the calculated Summary Statements 1 and 2, to identify possible data anomalies or data errors and their potential causes.

The following list summarizes how the data was disaggregated and results from the analysis:

Child Outcome Summary Statements:	<ul style="list-style-type: none">• Children make the least amount of progress in social-emotional outcomes.• Social-emotional had the highest number of children entering at age expectations, leading to a concern that entry scoring was inaccurate.
Regions (7) and Hubs (3):	<ul style="list-style-type: none">• Identified characteristics of each region, as well as outliers that can be explored.
Race/ Language:	<ul style="list-style-type: none">• Data is not statistically valid to draw conclusions due to small sample sizes in non-white and non-English speaking.
Age at Entry:	<ul style="list-style-type: none">• ITP enrollments are lower for children ages 6 – 18 months.
Length of Enrollment:	<ul style="list-style-type: none">• A high percentage of children enroll in the program for only 6 – 12 months.
ITP Eligibility Reason:	<ul style="list-style-type: none">• Exit Reason of “Maintain Contact Unsuccessful” is significantly higher for Established Medical Condition (15 percent) vs. Development Delay (7.3 percent) eligibility. The State Team hypothesized that a potential cause is parents may struggle to coordinate multiple service providers for a child with more severe disabilities.
Number of Entries into ITP:	<ul style="list-style-type: none">• The number of children entering the program more than once was explored to determine if children are graduating too early. Data showed this was not an issue.
Exit Scores/ Reasons:	<ul style="list-style-type: none">• Exit scores and reasons were cross-tabbed with all of the variables listed above to identify data outliers.

The data analysis revealed a few key data limitations that will be explored to build system improvements in the future:

- Disaggregating data based on diagnosis codes is a challenge. Diagnosis codes are inconsistently entered in the ITPKIDS data system, are and are often not updated appropriately.
- ITPKIDS does not have the ability to compare authorized *IFSP services to the actual amount of services provided. (*Individualized Family Service Plan.)
- ITP does not collect data on income because the program is paid for either by Federal Grant funds, Medicaid and private insurance reimbursement, or state general funds, regardless of client income. As a result, ITP is not able to analyze program effectiveness based on socio-economic characteristics.

ITP is currently exploring improvements to Indicator 4 - Family Outcomes data:

- **Indicator #4** - Percent of families participating in Part C who report that early intervention services have helped the family:
 - A. Know their rights;
 - B. Effectively communicate their children’s needs; and
 - C. Help their children develop and learn.

The Family Survey process, which is used to collect data for Indicator 4, is being revamped to make it more meaningful and user-friendly for families and staff. The improved process will include a new family survey tool, and direct in-person delivery and retrieval of the survey. In addition, the revised process will enable ITP to link the family outcome data with demographics and child outcomes data.

The goal of the new family survey process is to increase response rates in order to receive statistically significant data for each region, as well as correlate the child and family's outcomes data to assist in identifying system and programmatic improvements more effectively.

Selection of the SiMR (State-identified Measurable Result) based on the Data Analysis:

Several data points were used to identify the focus of the SiMR (State-identified Measurable Result):

1. Children who exit the ITP with ECO (Early Childhood Outcome) scores lower than their entry scores are identified as "Concern Cases." The social-emotional area had the greatest number of concern cases, which could indicate a need for additional training in entrance assessments and/or development of social-emotional skills, or a genuinely higher need in this area across the population served.
2. For Summary Statement 1, social-emotional is the lowest area. For Summary Statement 2, social-emotional has the largest variance between Idaho's percentage and the national.
3. Children in categories B, C, and D were considered to have the greatest likelihood for improvement. When comparing children in these categories (excluding A and E) statewide, the lower percentage was in the social-emotional area. Refer to 1(a), Step 2 "Idaho Regional Child Outcomes Reports" for the graph.
4. The higher percentage of children entering the program in need of social-emotional services, along with the higher amount not exiting at age expectations showed a disparity that provided additional justification for the selection of this area for the SiMR.

1(c) Data Quality

A data quality issue was discovered in regards to whether a child makes progress between entrance and exit. Electronic records on some children who would have made progress developmentally based on the entrance and exit ECO scores were found to have been designated as "no progress". As a result, an issue was identified that "no progress" is being incorrectly identified when the entry and exit ECO scores are numerically the same.

The impact of this data issue was that children who would have been in categories B, C, D, or E were being placed into category A, thus decreasing the percentages for Summary Statements 1 and 2. To correct the data issue, all children who had exited at the same score or higher with "no" selected were changed to a "yes" response.

The team pulled a sample of files that appeared to contain the data error. It was determined that some errors were due to data entry inaccuracies, and some were due to conceptual misunderstandings by members of the multi-disciplinary team (MDT).

The hub leadership team was notified of the error, and provided training to staff and contractors regarding when to identify "no improvement" for a child. The training addressed how to select

“no progress” on the paper **Child Outcomes Summary Form (COSF)** for members of the MDT (**multi-disciplinary team**), and addressed data entry inaccuracies for administrative support staff.

At the next hub leadership meeting, a list of children with “no improvement” selected in any of the three outcome categories and the names of their service coordinators were provided to hub leaders so they could follow up with specific MDT members who continued to have errors.

Other Data Attributes:

Generally, ITP collects robust data and is able to monitor the program very effectively with the information available in the web-based data system, ITPKIDS.

ITP is currently transitioning to electronic storage of records, and many pieces of demographic and service information are located in the database. Additionally, the following information is entered into ITPKIDS:

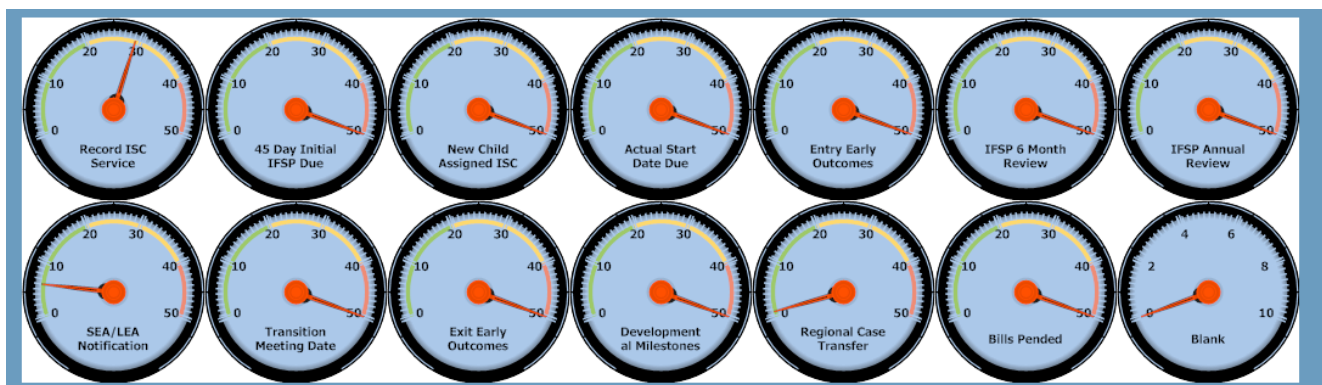
- Referral information
- Evaluation
- Diagnosis
- Eligibility
- Insurance
- Individualized **F**amily **S**ervice **P**lan (IFSP)
- Continuing Service Reports
- **E**arly **C**hildhood **O**utcomes (ECO)
- Transition
- Exit

Timeliness, outcomes, referrals, and enrollment data are discussed with hub leadership at quarterly meetings. During these meetings, data quality issues such as timeliness of entry or protocol for entering information are discussed. Depending on the data quality issues, improvements may include upgrades or modifications to ITPKIDS, development of additional ITPKIDS training modules, targeted training to individuals or groups, issuing a **C**orrective **A**ction **P**lan (CAP) through the **R**egional **A**nnual **P**erformance **R**eport (RAPR) process, and offering ongoing technical assistance for hub leadership and regional staff and contractors.

Data quality is closely monitored and concerns are regularly addressed. If Central Office discovers that a specific employee or contractor has questionable data, the individual or their supervisor is contacted to determine the cause and identify a solution.

Crystal Report software is used to develop and customize monitoring reports for Central Office and hub leadership. Crystal Reports often include details grouped by region, service provider, or children, and query various data from the database. New reports are regularly developed as needs arise.

Worklists are a feature of the ITPKIDS data system, and are another tool available to service providers and hub leaders for self-monitoring deadlines and other requirements. The following is an example of a Worklist in ITPKIDS:



Finally, staff and contractors may call or email the ITPKIDS Help Desk for assistance with data entry questions, use of the database, or trouble-shooting. Additionally, ITPKIDS training videos and modules are available on-line to provide guidance on each component of the ITPKIDS system, including data entry requirements.

1(d) Considering Compliance Data

As the SSIP (**S**tate **S**ystemic **I**mprovement **P**lan) Component 1 – Data Analysis was completed, the State Team considered compliance data, any potential barriers, and how Idaho’s compliance data may effect improvement on results or the capacity to improve results.

Compliance data obtained from Idaho’s web-based data system, ITPKIDS, the **R**egional **A**nnual **P**erformance **R**eport (R-APR) Self-Assessment process, and the monitoring of central office and regional fiscal budgets, all contribute to maintaining a high level of compliance. These program structures ensure there are rules, processes, and methods in place that support compliance and improve performance.

Annual Performance Report compliance and results data obtained from ITPKIDS:

ITPKIDS maintains an electronic record that documents essential child and family information from initial contacts through transition and exit from the program. All child and family information is recorded in ITPKIDS by service coordinators, service providers, and administrative staff. Both compliance and results data are collected from the ITPKIDS data system. In addition, a methodology for identifying and correcting non-compliance has also been developed – ensuring any systemic and individual instance of non-compliance is corrected in a timely manner and is being implemented appropriately post-correction.

Self-Assessment via the R-APR data obtained annually:

The R-APR (**R**egional **A**nnual **P**erformance **R**eport) tool and process is designed to gather data from each region and provide regions and central office programs with information on state-selected data that may or may not be available through ITPKIDS. The Self-Assessment process occurs through a review of ITPKIDS, children’s records, contracts, and interagency agreements. These data are used to substantiate compliance with IDEA and related requirements associated with each APR (**A**nnual **P**erformance **R**eport) indicator, and to encourage the use of evidence-based early intervention practices associated with improved results for children and families.

Fiscal data reviewed on a monthly and quarterly basis at the regional and central office level:

The reviews completed, including those regarding costs/expenditures ensure IDEA (Individuals with Disabilities Education Act) Part C fiscal requirements are met. Budget amendment and revision processes clearly identify and track central office and regional budget changes over time. Fiscal requirements, including prohibition against commingling of funds and supplanting, and payer of last resort, are monitored through the fiscal review process.

In summary, based on the information discussed in this section, it would suggest that the structures described are sufficient to continue monitoring compliance. However, the initial focus on enhancing existing infrastructure or building new structures to implement Idaho's improvement strategies may impact the existing high level of compliance for indicators 1 (timely services) and 7(45-day timeline.) Since ITP is currently working at capacity, any potential modifications may result in decreased compliance in these indicators.

Within the SSIP (State Systemic Improvement Plan) implantation timeframe, as improvements to the existing infrastructure are solidified, Idaho has full confidence in its ability to ensure a high level of compliance for all indicators. The absence of administrative complaints requests for mediation and requests for due process hearings further supports the belief that these structures are sufficient, and that non-compliance will not be a barrier to the effective implementation of SSIP improvement activities.

1(e) Additional Data

Idaho's web-based data system, ITPKIDS, is a case management system as well as a data management system. Central office, hub leaders, and regional service coordinators and service providers have access to vast quantities of data related to children and their families who are referred and receiving early intervention services through the Infant Toddler Program. Additionally, Idaho is moving towards all-electronic records using the attachment feature in the ITPKIDS system. This will enable file reviews to be completed electronically from any location in the state via ITPKIDS.

Central office and hub leaders have access to numerous reports using Crystal Report software. ITPKIDS was designed to be more agile, ensuring that new reports would be easy to create. Hence, the central office data analyst can respond quickly to report requests for any additional data required in subsequent SSIP phases.

1(f) Stakeholder Involvement in Data Analysis

The State Team, ITP SSIP Committee, and EC3 (Early Childhood Coordinating Council) were actively involved in completing and reviewing all components of Phase I. The stakeholder structure and list of specific group members are described in the "Overview of SSIP" section.

Each group had diverse roles and responsibilities, as follows:

STAKEHOLDER GROUPS	ROLES AND RESPONSIBILITIES
State Team	<ul style="list-style-type: none"> • Identify key data sources • Pull and compile data • Complete analysis tools • Analyze results • Develop draft documents for stakeholder review • Identify draft targets
ITP SSIP Committee	<ul style="list-style-type: none"> • Review and provide input on draft documents • Complete activities for data and infrastructure analysis • Share experiences to guide analysis • Identify resources • Provide input on draft targets
Early Childhood Coordinating Council	<ul style="list-style-type: none"> • Review final documents and decisions from small stakeholder group • Share experiences to guide analysis • Identify resources • Review, provide input, and approve targets

The following chart highlights the activities completed with stakeholders, specific to assisting with the data analysis:

Timeline	Accomplishments	Small Stakeholder Meeting	Broad Stakeholder Meeting
April – August 2014	<ul style="list-style-type: none"> • Broad Data Analysis • In-Depth Data Analysis • Recommending Measurable Results Worksheet (Preliminary SiMR selection) 	8-19-14	7/18/14
September – October 2014	<ul style="list-style-type: none"> • OSEP Technical Assistance Visit • Regional Data Comparisons • ITP Staff/Contractor Survey • Personnel Qualifications Inventory 	10-23-14	9-12-14 11-7-14
November 2014 – February 2015	<ul style="list-style-type: none"> • ITP Survey Analysis • Final SiMR • Regional Comparison for SiMR (Final SiMR selection) 	1-29-15	2-6-15

Component #2: Analysis of State Infrastructure to Support Improvement and Build Capacity

2(a) How Infrastructure Capacity was Analyzed

The infrastructure analysis process was completed to identify strengths and weaknesses of Infant Toddler Program's current infrastructure, and explore resources that could potentially support the program with system improvements and to build capacity of early intervention providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families.

Information for the infrastructure analysis relied heavily on the input received from the stakeholder groups through activities, analysis tools, and surveys. Refer to the "Overview" section for details of the membership and roles and responsibilities of each stakeholder group.

The Infant Toddler Program (ITP) took the following steps to complete the Infrastructure Analysis process:

STEP 1: Broad Infrastructure Analysis (ITP State Systemic Improvement Plan (SSIP) Committee; and Early Childhood Coordinating Council (EC3))

The State Team held meetings from May 2014 – August 2014 to initiate and complete the data analysis process, which is described in detail in Component 1. The information gathered through this process was used to assist stakeholders with identifying a preliminary **State-identified Measurable Result (SiMR)**, as well as provide context for stakeholders when completing the broad infrastructure analysis.

The broad infrastructure analysis occurred in August 2014 with the ITP SSIP Committee. The following activities and tools were used to aide in the analysis during the first stakeholder meeting:

- **SWOT Analysis** (*refer to Appendix F for analysis*). Stakeholders completed the SWOT to identify the **strengths, weaknesses, opportunities, and threats** for each component in relation to the early childhood system in Idaho. Components discussed were: Accountability, Data System, Fiscal, Governance, Quality Standards, Professional Development, and Technical Assistance.

The SWOT helped the program envision how ITP interconnects with other organizations and agencies, and spiked ideas on ways collaboration could occur to assist with the SSIP and improve awareness of the program and its mission. It also provided a good starting point for the State Team to begin the in-depth infrastructure analysis once the SiMR was identified.

- **State Initiatives Inventory** (*refer to Appendix G for inventory*). Stakeholders completed the inventory to identify current initiatives and/or past initiatives related to improving child outcomes for infants and toddlers in Idaho. The discussion focused on two of the three outcomes – Positive Social Emotional Skills and Appropriate Use of Knowledge and Skills since these were the two potential areas in question for the SiMR.

The initiatives inventory helped to identify other activities that directly relate to the SSIP work, and how ITP can leverage support from the groups pursuing these initiatives to work towards a common goal.

Following the ITP SSIP Committee meeting in August, the results of the broad infrastructure analysis and the preliminary **State-identified Measurable Result (SiMR)** were presented to the **Early Childhood Coordinating Committee (EC3)** in September 2014. Positive social-emotional outcomes was identified by the stakeholders as the area to focus on for further in-depth infrastructure and root cause analysis, also known as the preliminary SiMR. Refer to Component 3 for a description of the preliminary SiMR. The EC3 showed strong support for the preliminary findings, and approved the focus of the SSIP and ITP's next steps for the process.

STEP 2: Office of Special Education Programs (OSEP) Technical Assistance Visit

The State Team received on-site technical assistance from the **Office of Special Education Programs (OSEP)** in September 2014. During this visit, the State Team presented the broad data analysis findings, preliminary SiMR, and broad infrastructure analysis findings. After presenting the data used to identify the preliminary SiMR, OSEP stated that Idaho had collected more than enough data to support the SiMR and to assist with improvement strategies. A good portion of the conversation was directed towards ITP's infrastructure, and considerations for how to move forward with system changes.

The visit was extremely beneficial and provided good direction on areas to focus on for the in-depth infrastructure analysis and development of improvement strategies. The following are key points that assisted Idaho with the process:

- Build in feedback loops from the provider level so the state knows what providers are doing, what is working, what is not working, and where there are gaps.
- In the process of developing the SSIP, consider what can you learn from the Regions that are doing well and determine what can be replicated.
- Improvement strategies should be simple and to the point. The state needs to determine what is doable and scalable, and should explore strategies included in the Annual Performance Report for Indicator 3 to determine what has worked or not and why, and what revisions could be made.
- Find a good research model that works and apply it in your state. Use the upside down triangle to show the differentiated approaches.
- Put structures in place to ensure there is sustainability, and put automation in place for better efficiencies.

STEP 3: In-Depth Infrastructure Analysis; Hypotheses (State Team)

The State Team held meetings in September and October 2014 to complete the in-depth infrastructure analysis and identify hypotheses based on potential root causes. During this timeframe, the team completed the following activities:

- **In-Depth Infrastructure Analysis Template** (*refer to Appendix H for in-depth analysis*). The in-depth template guided the team to explore the system components of ITP's infrastructure. The preliminary SiMR was established at this time; therefore, the team completed the analysis focusing on what would be needed to improve positive social-emotional outcomes for infants and toddlers. Comments from the SWOT analysis were

used to aide in the discussion and were further defined in the analysis. For each component, the following questions needed to be answered:

- How can each component of the state system be leveraged to improve positive social-emotional outcomes?
- What improvements will need to be made to each component to improve positive social-emotional outcomes for infants and toddlers with disabilities?

The in-depth infrastructure analysis paved the way to identify root causes contributing to the lower performance in social emotional outcomes, and helped to develop hypotheses statements based on the root causes.

- **Social-Emotional Hypotheses Statements.** The State Team used the information learned from the SWOT and In-Depth Analysis to identify a list of potential hypotheses related to improving social-emotional outcomes. The team wanted to complete this work prior to the next stakeholder meeting to provide a starting point for discussion. The team was able to draft 14 hypotheses statements to share with the stakeholders for consideration.

STEP 4: In-Depth Infrastructure Analysis; Hypotheses (ITP SSIP Committee and Early Childhood Coordinating Council (EC3))

The ITP SSIP Committee reconvened in October 2014 to go over the results of the in-depth infrastructure analysis, review draft hypotheses based on root causes, and determine how to gather information from the regions to validate or reject the hypotheses. The following activities were used to aide in the discussion:

- **Results of In-Depth Infrastructure Analysis.** The committee received the completed in-depth infrastructure analysis template prior to the stakeholder meeting. At the meeting, the results were summarized in a PowerPoint presentation in order to highlight the items that the State Team felt were most significant. Refer to section 2(c) for a description of the infrastructure analysis results.
- **Social-Emotional Hypotheses/Questions Worksheet.** (*refer to Appendix I for worksheet*) Stakeholders completed the worksheet to review the draft hypotheses developed by the State Team, and narrow the list to key statements that addressed the issues causing low performance in social-emotional outcomes. The initial draft hypotheses were narrowed down to seven.

The worksheet also helped identify potential questions that could be directed to local level staff and contractors in order to validate or reject the hypotheses, and assist with developing improvement strategies. The stakeholders suggested that the ITP send a survey to all staff and contractors addressing questions related to the hypotheses statements and their knowledge of social-emotional development.

Following the ITP SSIP Committee meeting in October 2014, the hypotheses statements were presented to the EC3 in November 2014. The EC3 agreed that the seven hypotheses statements addressed the issues, and approved ITP's next steps to survey local staff and contractors to validate the hypotheses and identify improvement strategies.

STEP 5: Infant Toddler Program (ITP) Staff and Contractor Survey (State Team)

A survey was sent to ITP staff and contractors in November 2014 (*refer to Appendix E for survey results*). The State Team created the survey to collect feedback from the local level in order to help confirm the hypotheses of potential root causes, determine knowledge and confidence levels in social-emotional development and evidence-based practices, and gather ideas for improvement strategies.

The survey consisted of 40 questions, and provided multiple options for responding using Likert scale, true or false, prioritization, and open-ended questions. The survey also asked several demographic questions that enabled disaggregation of the data based on region, staff or contractor position, disciplines, longevity, etc.

The results of the survey offered valuable information that could be used in several ways. First, the responses validated that every hypothesis identified by the stakeholders was accurate. Second, the open-ended questions as well as a few of the questions directed towards improvement strategies and activities provided information that could be used to create the Theory of Action (refer to Component 5 for additional details). Third, disaggregating the results by regions assisted with selecting focused regions for the SiMR (**State-identified Measurable Result**) (refer to Component 3 for additional details). Lastly, some of the information obtained through the survey can be used as baseline data for measuring activities in the future.

STEP 6: Final Hypotheses Statements

Based on stakeholder input and staff/contractor survey, the final hypotheses statements include:

Professional Development	1) If we build a statewide professional development system that enables staff and contractors to access trainings, curriculums, and other resources related to early intervention evidence-based practices and typical child development, then the quality of services will improve and Early Childhood Outcome (ECO) scores will increase.
	2) If staff and contractors know and collaborate with the statewide partner organizations (e.g., Behavioral Health; Child Welfare; Maternal, Infant, and Early Childhood Home Visiting; Early Head Start; etc.) and understand the roles and responsibilities of other statewide professionals, then providers will be able to deliver appropriate and non-duplicate services and develop collaborative partnerships.
Early Childhood Outcomes (ECO) Process	3) If staff and contractors use a sensitive, adequate, and culturally appropriate assessment tool and adhere to consistent ECO assessment practices, then entry and exit ECO ratings for social-emotional outcomes will be more accurate and Individual Family Service Plan (IFSP) child outcomes will be more functional.
	4) If staff and contractors are knowledgeable about typical child development, and use that knowledge when completing assessments, determining ECO ratings, and developing IFSP outcomes, then the IFSP will address higher quality social-emotional outcomes and ECO ratings will improve.
Policies and Procedures	5) If staff and contractors engage in discussions with families regarding child outcomes and typical child development, and families become more involved and aware of the importance of child outcomes, then the accuracy of program exit reasons and ECO ratings will improve.

-
- 6) If a standardized quality improvement and assurance system is established to review, monitor, and enhance Infant Toddler Program practices, then consistent and sustainable early intervention practices will be implemented and ECO scores will improve.
 - 7) If staff and contractors are supported with equipment and allotted sufficient time to complete documentation and data entry, then they will have a better understanding of the importance of data and take ownership resulting in improved ECO data.
-

2(b) Description of the State Systems

All seven-system components of Idaho's infrastructure were discussed as part of the infrastructure analysis. Prior to initiating the analysis with stakeholders, time was spent explaining the purpose of the infrastructure analysis, defining each system component, and describing how each component is connected and can influence change at all levels. It was also discussed that the results of the infrastructure analysis will help identify how Infant Toddler Program can build capacity in its programs and providers to implement and sustain evidence-based practices.

This graph was presented to the stakeholders to describe the different systems and discuss how each coordinates with one another:



Exploring the seven system components through the infrastructure analysis process, both from the high-level stakeholder perspective and the State Team's more focused perspective, helped to establish a clear outline of each system and the decision-making process. Having this information helped identify avenues to be considered in order to implement SSIP strategies in the future.

GOVERNANCE:

The following chart outlines the governance system in Idaho:

Entity	Role
Legislature/Governor/Joint Finance Appropriations Committee (JFAC)	Approve funding requests Dictates state law
Department of Health and Welfare Director's Office	Venue for legislative requests Communicates with legislature/Governor
Division of Family and Community Services (FACS) Administration	Prioritize programs and initiatives Budget/Resource Requests Communicates with Director/JFAC
Infant Toddler Program Central Office	Manage ITP policy and operations for the state Prioritize initiatives Allocate resources Provide technical assistance Manage database OSEP (Office of Special Education Programs) liaison Communicates with FACS Administration for resources/ support
Infant Toddler Program Hub Leaders	Manage field level and daily operations Supervise ITP Human Services Supervisors Lead/carry out new initiatives and changes Complete quality assurance reviews Communicate needs and barriers to Central Office
Infant Toddler Program Human Services Supervisors	Directly supervise field level staff Carry out early intervention practices Communicate needs and barriers to hub leaders

FISCAL:

Idaho's system of early intervention services is housed within the Department of Health and Welfare, Division of Family and Community Services, Infant Toddler Program (ITP). ITP is the operating agency that administers and directly provides Part C early intervention services in three hubs with seven regional programs.

Funding for Idaho's early intervention system is comprised of federal grant dollars, State general funds, and third party payers (Medicaid and private insurance). These funds are allocated across central office and regional programs. Central office budget is determined based on projected work and previous expenditures. Regional budgets are based on a formula that considers maintenance of infrastructure, population distribution, and the number of eligible children served.

As the state's Part C lead agency, ITP utilizes the above funding sources to ensure families have access to their local early intervention system and that eligible infants, toddlers and families receive the vital services that must be provided at public expense. These services include implementing child find, evaluation and assessment to determine eligibility, service coordination, administrative functions related to the development and review of the Individual Family Service Plan, and implementing Procedural Safeguards.

As the operating agency, ITP employs approximately 100 state staff and directly contracts with approximately 100 full and part time individuals (or 70 contracted agencies) to deliver Part C early intervention services.

All contracted individuals and agencies are an extension of ITP and are required to have a contract in place that define their roles and responsibilities in relation to existing program, state, and federal requirements.

QUALITY STANDARDS:

The Infant Toddler Program has a variety of materials and guidelines used to set quality standards for all early intervention providers. These materials include but are not limited to:

- ITP e-Manual
- ITPKIDS data system training modules
- Department of Health and Welfare Knowledge and Learning Center
- Idaho Key Principles
- Idaho Early Learning Guidelines

In addition, ITP uses the **D**ivision for **E**arly **C**hildhood (DEC) Recommended Practices as a guide to service provision. ITP also implements the early intervention evidence-based practices of primary service provider, teaming, joint-visits, and natural learning opportunities.

PROFESSIONAL DEVELOPMENT SYSTEM:

The Infant Toddler Program assures through Idaho Code, Title 16, Chapter 1, requirements for state staff or contracted professionals and paraprofessionals providing early intervention services meet Idaho's established certification or licensing standards for their individual disciplines. Idaho maintains standards to ensure that personnel necessary for implementation of early intervention services are adequately and appropriately trained. These standards are consistent with state-approved or recognized certification, licensure, or other comparable requirements that apply to the professions or disciplines in which personnel are providing early intervention services and are incorporated in the ITP e-Manual.

Training is coordinated through central office and regions to state staff and contracted providers. An online e-Manual is available for procedures on child find, evaluation and assessment, individualized family service plans, transition, and procedural safeguards. Training in these components is required for all providers and is available as needed. Online training modules support key principles in early intervention quality practices in service coordination and IFSPs.

Regular technical assistance and coordination meetings are held with the Infant Toddler Program hub leaders and staff/contractors. Additionally, the program manager arranges technical assistance visits to each region when needed to assist with program coordination.

DATA:

ITPKIDS is Idaho's web-based electronic data collection and management system. ITPKIDS has undergone extensive revisions to allow for improved capacity for data collection, analysis, report generation and billing capabilities. The data system provides real-time data to both regional and central office personnel.

Through ITPKIDS, child-level data can be gathered from the records of all infants and toddlers determined eligible for early intervention services. All required data is entered into ITPKIDS by staff and contractors, including but not limited to: Referral information; Demographic information; Evaluation; Diagnosis; Eligibility; Insurance; IFSP Services; Continuing Service Reports; Child Outcomes; Transition; Exit.

TECHNICAL ASSISTANCE:

The Infant Toddler Program has three central office Program Specialists with Part C experience that provide technical assistance to the hub leadership team and staff/contractors. The following includes a list of technical assistance activities provided by central office:

- Quarterly hub leadership meetings held in person at central office.
- Monthly operation calls with hub leadership.
- Quarterly policy meetings held via video conferencing.
- Targeted technical assistance is provided as part of Idaho's General Supervision system for the **Regional Annual Performance Report (RAPR)** and **Corrective Action Plan (CAP)** processes.
- Infant Toddler Program Policy Mailbox – Regions submit policy questions that are responded to and tracked in a policy tracking system.

Central Office provides a variety of written guidance (e-Manual) and state and national resources that can be used as the basis for topical technical assistance. Hub/regional leadership teams access technical assistance from in-state and national experts as needed to ensure correction of non-compliance, improve performance in meeting targets, and enhance quality practices to improve results for children and families.

MONITORING AND ACCOUNTABILITY:

Overview:

- Infant Toddler Program uses specific quality indicators and compliance measures to determine regional performance of regulatory requirements and other standards identified by OSEP (**Office of Special Education Programs**) and the state.
- Infant Toddler Program monitors data reflecting these standards and indicators on a regular basis.
- Many indicators are monitored on a regular basis by regional staff.
- Summary reports are routinely provided to EC3 and other early childhood groups.
- Monitoring data is used to inform discussions and policy decisions.
- The web-based data system, ITPKIDS, and **National Center for Special Education Accountability Measures (NCSEAM)** family survey is closely aligned with compliance and performance indicators.
- Idaho's general supervision system employs self-assessments by regional programs.
- Technical assistance is used to ensure correction of non-compliance and improved performance.

2(c) Systems Strengths and Areas for Improvement

The infrastructure analysis stemmed discussion on the status of Infant Toddler Program's (ITP) current infrastructure, how systems can be leveraged, and what improvements or changes need to occur in order to improve social-emotional outcomes for infants and toddlers with disabilities. Many of the areas identified as needing improvement have been captured in the comprehensive improvement strategies developed for the SSIP, and are described in detail in Component #4 along with the plan for addressing these areas.

The following chart provides a summary of the key discussions that occurred through the SWOT and In-Depth Infrastructure Analysis for each of the system components:

Component	Strengths	Opportunities (how leveraged/improved?)
Governance	<ul style="list-style-type: none"> ITP has a strong leadership structure - centralized operations and policy program management and direct communication with hub leadership 	<ul style="list-style-type: none"> ITP should use data and research to inform state administrative leaders about program more often ITP can build on collaborations and leverage relationships to strengthen early intervention system in Idaho
Fiscal	<ul style="list-style-type: none"> Leverage several funding streams – Third party payers, state general funds, grant Budget is closely monitored at central office and hub levels 	<ul style="list-style-type: none"> Explore leveraging current funding sources (Medicaid, private insurance) more effectively to seek reimbursement for early intervention services, including infant mental health Ensure staff understand funding of program
Quality Standards	<ul style="list-style-type: none"> Maintains high standards for early intervention professionals (blended certificate, Birth – 3) Use of Early Learning Guidelines 	<ul style="list-style-type: none"> Reinstate AIM Early Idaho, Infant Mental Health Endorsement Make guidance on social-emotional evidence-based practice readily available for staff and contractors Increase amount of parent materials related to social emotional development
Professional Development	<ul style="list-style-type: none"> Recruitment Collaboration with higher education Adhere to early intervention evidence-based practices (Dathan and M'Lisa) 	<ul style="list-style-type: none"> Build a statewide professional development system to support social-emotional development Collaborate with other organizations with strong professional development system (such as Idaho STARS, AIM Early Idaho, Early Childhood Technical Assistance Center - ECTA) Build mentors in program to implement social-emotional evidence-based practices
Data	<ul style="list-style-type: none"> ITPKIDS web-based system is fast and has ability to gather data Reporting capabilities 	<ul style="list-style-type: none"> Expand on the use of data for accountability and Quality Improvement (QI), rather than just compliance indicators Build ITP staff and contractor understanding of the social-emotional outcomes data
Technical Assistance	<ul style="list-style-type: none"> ITP Central Office has a strong relationship with hub leadership – constant communications, meetings, and technical assistance opportunities Idaho has a strong relationship with national technical assistance representatives, and stays informed on current events 	<ul style="list-style-type: none"> Create an “Accountability and Monitoring Plan” – set annual goals and track progress Put data into a format that is accessible by others Improve policies and procedures to include evidence-based practice resources related to social-emotional outcomes
Monitoring and Accountability	<ul style="list-style-type: none"> Regions review data and complete Quality Assurance (QA) checks ongoing Regional multi-disciplinary teams complete IFSP reviews every 90 days Hub Leaders have instant access to reports to verify data and identify issues 	<ul style="list-style-type: none"> Develop a statewide QI and QA system to support quality child outcomes processes Request additional resource to carry out QA of social-emotional practices, complete fidelity checks, monitor contracts Create self-assessment checklist for hub leaders

GOVERNANCE:

Strengths -

Infant Toddler Program (ITP) has a strong leadership structure that enables change to occur rather swiftly and consistently within the program. The program is administered centrally, which gives central office and hub leadership the ability to influence and support regional programs in a consistent manner.

Opportunities to share information, provide guidance, and receive feedback are regularly available for hub leaders and personnel through quarterly policy meetings via video conferencing, quarterly in-person hub leadership meetings, monthly operational calls, and quarterly regional technical assistance calls. On-site training is also provided for each region at least annually.

Areas for Improvement -

When it comes to requests for additional funding or resources, and competing with other programs within the Division of Family and Community Services (FACS), the ITP falls short. By recognizing this as a barrier, ITP was able to identify potential areas of improvement:

- Involve FACS administration in decision-making discussions more frequently to strengthen communication and understanding of the program's needs.
- Develop an ITP Report to share with the public and legislature that is understandable and focused on families and their stories.
- Involve families and stakeholders in decision-making more frequently.

Another consideration is ITP's current operating capacity. In order to implement changes at the local level, a thorough analysis of each region needs to occur to identify ways to make processes more efficient and effective. Regions are operating at high capacity. In order to be able to implement and sustain new practices, inefficiencies need to be eliminated and resources may need to be reallocated to accommodate the transformation.

In addition, ITP would like to request a new contracted central office position to carry out the quality assurance and quality improvement activities related to implementing and sustaining new social-emotional evidence-based practices. Obtaining a contractor for this purpose is currently being explored.

FISCAL:

Strengths –

As the operating agency, Infant Toddler Program (ITP) directly employs and contracts with professionals to deliver Part C early intervention services. All contracted individuals and agencies are an extension of ITP and are required to have a contract in place that define their roles and responsibilities in relation to existing program, state, and federal requirements. Because of this structure, ITP is able to closely monitor the operational budget and ensure appropriate use and allotment of funds.

The Infant Toddler Program receives funding from several sources, including federal grant, state general funds, Medicaid, and private insurance.

Areas for Improvement –

An area identified for improvement is how to leverage funding sources more effectively to support early intervention services in Idaho, including infant mental health services. The ITP is

beginning to collaborate with Medicaid about creating an early intervention benefit package that supports infants and toddlers with developmental needs and their families.

QUALITY STANDARDS:

Strengths -

The quality of service provision continues to improve. ITP staff and contractors have increasing knowledge, awareness and acceptance of the primary service provider model that emphasizes teaming, joint-visiting, and natural learning opportunities.

A variety of materials and guidelines are disseminated to ITP staff and contractors to ensure consistent delivery of practices and access to early intervention resources. These existing resources will be utilized and enhanced to incorporate new policies, procedures, and practices that are developed related to improving social-emotional outcomes.

The Infant Toddler Program will leverage the following materials and established processes:

ITP eManual	<ul style="list-style-type: none">• Includes Part C and state regulations related to providing early intervention (EI) services, and all guidance documents and forms used for statewide implementation
ITPKIDS training modules	<ul style="list-style-type: none">• Provides guidance on web-based data system functions and data entry processes
Knowledge and Learning Center	<ul style="list-style-type: none">• Houses training modules including Idaho Key Principles, Service Coordination, and Infant Mental Health for EI services
Idaho Key Principles	<ul style="list-style-type: none">• Quality Standards adhered to for ITP staff and contractors
Idaho Early Learning Guidelines	<ul style="list-style-type: none">• Offers guidance on typical child development standards
Division of Early Childhood Recommended Practices	<ul style="list-style-type: none">• Used a guide to service provision
EI Evidence-Based Practices	<ul style="list-style-type: none">• Implement primary service provider, teaming, joint-visiting, and natural learning opportunities

Areas of Improvement –

The Infant Toddler Program needs to ensure staff and contractors have access to the tools and resources they need to implement the quality standards that are set forth for them. Information is disseminated to ITP staff and contractors with the expectation that the guidelines be used in practice, but often times training on how to apply the guidelines in practice and what the expectations are for using them is missed. As a result, staff and contractors struggle with incorporating new guidelines into their practice.

The following actions will be taken to improve in this area:

- Add guidance and information in the ITP e-Manual regarding evidence-based practices related to the primary service provider model and social-emotional development.

- Add information in the ITP e-Manual regarding the Early Learning Guidelines and DEC (Division for Early Childhood) Recommended Practices, and how to apply the guidelines in practice as they relate to social-emotional development.
- Improve training in the areas discussed above (refer to the “professional development” topic discussed below for details).
- Develop parent materials related to social-emotional development to inform families and assist ITP staff and contractors with discussing the child’s social-emotional needs.

In addition, lack of certified infant mental health providers and training in social-emotional development is a cause of the low performance in social-emotional outcomes. ITP will explore other initiatives with strong professional development support for infant mental health to improve the knowledge and competency of ITP staff and contractors in this area. Refer to section 2(d) “State-Level Improvement Plans and Initiatives” for how this will be accomplished.

PROFESSIONAL DEVELOPMENT:

Strengths –

The Infant Toddler Program (ITP) has adopted early intervention evidence-based practices that are adhered to by staff and contractors. Training is coordinated through central office and regions to state staff and contracted providers. Regional/hub supervisors regularly contact and train groups and individual primary referral sources to orient to the Infant Toddler Program, the benefits of early intervention, risks and eligibility criteria, how to make referrals, and procedural requirements.

Areas of Improvement –

Developing a statewide structure that supports the implementation of a standardized, sustainable professional development system for ITP staff and contractors will be the foundation for making improvements in social-emotional outcomes.

Areas identified as root causes for the low performance in social-emotional outcomes are the lack of a professional development system, and lack of certified professionals with infant mental health expertise. Building a professional development structure will be Idaho’s top priority for the State Systemic Improvement Plan and improving the State-identified Measurable Result.

The professional development system needs to provide education and support of staff and contractors throughout their ITP careers - from initial orientation, to ongoing evidence-based practices training, to training tailored to meet individual professional needs. This system will offer a variety of training methods, such as online modules, workshops, team learning, certification programs, technical assistance, and mentoring.

The results of the ITP survey demonstrates that staff and contractors are asking for professional development opportunities, and feel like the training they have received is insufficient for addressing social emotional development, as well as other Part C general requirements and practices. The responses suggest that staff and contractors have low confidence in the early childhood outcomes process, as well as using assessment tools to measure social-emotional development.

A few core-training areas that emerged from the Infant Toddler Program staff and contractor survey results include:

- **Initial Program Orientation** – Part C requirements, state and program policies and procedures, and evidence-based practices training:
 - Thirty-two percent of respondents feel they did not receive a comprehensive orientation, and 47 percent of respondents only somewhat agreed orientation was comprehensive.
 - When asked about training received in the core areas of the Part C System, almost every area showed less than 50 percent of respondents felt they received training, and 13 percent said they never received training in any area.

- **Ongoing Professional Development** – Social-emotional evidence-based practices, typical child development, assessment practices, and **Early Childhood Outcome (ECO)** scoring:
 - Only 21 percent of respondents feel they received training in social emotional development.
 - Seventy seven percent of respondents requested training in “typical social emotional development in infants and toddlers”, and “assessments for social emotional development”.
 - Seventy four percent of respondents do not always write individual outcomes for social emotional development.

- **Assessments and Early Childhood Outcomes (ECO)** – Sensitive enough assessment tools, ECO scoring, Part C eligibility:
 - Thirty three percent of respondents feel they received training in choosing appropriate assessment tools.
 - Thirty percent of respondents say they do not always consider other social emotional factors outside of the eligibility tool.
 - Fifty four percent of respondents do not feel they have access to sensitive enough tools or use tools to measure social emotional development.
 - Thirty percent of respondents are not aware that a child can be determined eligible based solely on social emotional development.

Developing the content and materials in these core-training areas is the first step to building a professional development system, however many other activities must occur in order to sustain and scale-up the implementation of the new practices.

An example of an initiative implemented but that was not sustained is Idaho’s Master Mentor Program. Idaho initiated a training institute in 2009 with Dathan Rush and M’Lisa Sheldon in order to incorporate primary service provider evidence-based practices into ITP’s service delivery model. While much of the information received on the coaching model has been incorporated and guides Idaho’s Part C practices, the method to train and mentor new staff and consistently ensure fidelity of implementation for existing staff was not sustained. As a result, some staff and contractors have slowly drifted from inclusion of the coaching principles in practice.

Refer to Component 4 for a description of Idaho’s plan to implement and sustain the improvement strategies.

DATA:

Strengths –

ITPKIDS, the electronic data collection and management system, has undergone extensive revisions to allow for improved capacity for data collection, analysis, report generation and billing capabilities. The data system provides real-time data to both regional and central office personnel.

Child level data can be gathered from the records of all infants and toddlers determined eligible for early intervention services, and includes information on ECO (**E**arly **C**hildhood **O**utcomes) scores and tracking progress on child and family outcomes.

The system also has vast reporting capabilities at all levels using Crystal Reports software. Additionally, Crystal Reports software allows ITP to customize reports in an expedited fashion.

Areas of Improvement –

ITPKIDS continues to require enhancements such as edits, logic checks, alerts, and other upgrades to ensure quality data. ITP is exploring different technology options, such as laptops and iPads, for staff and contractors to ensure consistent and timely data entry.

Stakeholders identified the need to improve information sharing with families and staff and contractors about the ECO process. An activity that will be explored to assist with this dialog is embedding the child's outcome summary (COS) information in each child's IFSP (Individualized Family Service Plan.) When surveyed, about 65 percent of ITP staff and contractors felt embedding the COS would make it more meaningful for families and providers, and improve the accuracy of the ECO scores.

TECHNICAL ASSISTANCE:

Strengths –

The Infant Toddler Program has three central office Program Specialists with Part C experience that provide technical assistance to the hub leadership team and staff/contractors on a regular basis. The central office team has a strong relationship with hub leadership through constant communication and ongoing TA opportunities.

Idaho also meets regularly with representatives from ECTA (the **E**arly **C**hildhood **T**echnical **A**ssistance Center) and DaSy (the Center for the Individuals with **D**isabilities Education **A**ct Early Childhood Data **S**ystems), and attends national webinars frequently to stay informed on current events and receive guidance and technical assistance.

Areas of Improvement –

Central office is continually working towards standardizing processes at both the state and local levels. Processes and messaging needs to be consistent, and tools and materials should be standardized and used consistently across regions.

MONITORING AND ACCOUNTABILITY:

Strengths –

Idaho's web-based data system, ITPKIDS, provides the ability to monitor quality indicators and performance measures on a regular basis at both the state and local levels. The system also has the capacity to customize reports that are readily available upon request.

The **R**egional **A**nnual **P**erformance **R**eport (RAPR) process ensures constant monitoring of quality and performance indicators, and self-assessment is performed at the regional level.

Technical assistance is used to ensure correction of non-compliance and improved performance, and the results of the data monitoring informs discussions and policy decisions.

Areas of Improvement –

Many quality assurance (QA) activities occur at the local and state level; however it was determined that staff are not aware of these activities or how the information is used towards system improvements. Stakeholders also identified that key components of the QA/QI system are missing, such as fidelity checks and feedback loops that need to be established in order to sustain a high quality program.

A strategy of the SSIP will be to develop a standardized QA and QI system that is carried out consistently and ongoing, and has well-defined quality measurements of performance and child outcomes.

2(d) State-level Improvement Plans and Initiatives

The infrastructure analysis process helped identify some of the other initiatives occurring in Idaho that relate to improving social emotional outcomes for infants and toddlers, and how ITP might collaborate with these other groups to accomplish common goals. The stakeholders meetings and activities completed for the infrastructure analysis are described in 2(a) of this section.

The following chart highlights initiatives related to the preliminary SiMR discussed by the stakeholder groups:

Initiative	Target Group
AIM Early Idaho – Offers Infant Mental Health certification, and supports systems that support relationships for infants and toddlers and their families.	Parents, healthcare providers
Crying Plan – Parents will have a plan for what to do when their baby is crying	Parents, physicians, delivery hospitals, child care providers, nurseries, churches, MIECHV
Early Literacy Project – State Library Association to increase reading, knowledge of literacy resources, book availability, build parent/child relationships	Parents, ITP, library, schools
IdahoSTARS - Steps to Quality – State quality rating improvement system to improve the quality of childcare in Idaho	Idaho childcare programs
Effects of Toxic Stress – Dr. Noreen Womack, MD is a pediatrician who created this video that can be incorporated into trainings for professionals and parents	Parents, healthcare providers, STARS, ITP
ITP Master Mentor Program – A mentoring structure to sustain fidelity of evidence-based practices including coaching and teaming approaches	ITP staff and contractors
Children’s Health Improvement Collaborative (CHIC) – Piloting a learning collaborative in Region 5 and 6 for physician’s offices to complete ASQ screeners	Pediatricians and physicians participating in CHIC

Idaho Chapter of the AAP Face Book Page – The public can join the page to receive information on a different topic each week (early intervention could be a topic)	Parents, healthcare providers
No Screen Time Project – Early Childhood Coordinating Council developed brochure to educate families about the harm of screen time prior to age two, and provide alternative activities	Parents, ITP, child find

A few of the initiatives listed above were discussed more extensively during stakeholder meetings and by the State Team, and will be explored as a starting point for Phase II of the SSIP to determine how ITP can utilize external resources where possible. Refer to Component 4 for a description of how these initiatives align with the strategies.

Key initiatives include:

- **Idaho Association for Infant and Early Childhood Mental Health (AIM Early Idaho - <http://aimearlyidaho.org/>)** - The vision of AIM Early Idaho is to support systems within the State of Idaho that support relationships for all infants, toddlers, young children, family members, and providers of services to those individuals to optimally support those relationships. The organization offers a tiered Infant Mental Health Endorsement system for professionals working with infants and toddlers and their families.

In the past ITP was involved with AIM Early to work on building expertise in the area of Infant Mental Health, but currently only a few ITP staff have received an Infant Mental Health endorsement, and the levels of endorsement varies. Re-visiting this collaboration to assist with building a professional development system to improve social emotional outcomes will be a top priority for Phase II.

- **IdahoSTARS (<http://idahostars.org/>)** - IdahoSTARS is a voluntary program that provides training in child development, education, health, and safety and assessment of childcare facilities based on national quality standards. This organization offers credibility, supports professional development, and encourages success as an early care and education provider.

A benefit to working with IdahoSTARS is that ITP has the ability to model after their extensive Professional Development system that has already been established. One of the ITP SSIP Committee stakeholders is with IdahoSTARS, and is excited to join forces and assist ITP with its professional development system.

- **Master Mentor Program** - The ITP developed a cohort of Mentor Coaches composed of experienced regional early intervention providers to build Idaho's internal capacity to sustain early intervention evidence-based practices. The Mentor Coaches were asked to lead on-going training, technical assistance, and support efforts for coaching teams and individuals new to these practices.

The Infant Toddler Program is currently contracting with Dathan Rush and M'Lisa Sheldon to lead this initiative. In August 2014, Dathan and M'Lisa participated in a training institute to educate select mentors and multi-disciplinary teams on the primary service provider, coaching, and teaming approach, as well as re-institute the use of coaching logs. Idaho implemented a similar training institute several years back, however the systems were not in place for sustaining and scaling up the evidence-based

practices. For this second round, Idaho is using the lessons learned and working on building a system that will be sustainable.

This initiative directly aligns with the SSIP's goal to implement evidence-based practices that will improve social emotional outcomes for infants and toddlers. Implementation Science suggests that a team of Master Cadres be established in order to achieve sustainability and scaling up of practices. This Master Mentor Program will most likely be an area to leverage to assist with this component.

2(e) Representatives Involved

The State Team, ITP **State Systemic Improvement Plan (SSIP)** Committee, and **Early Childhood Coordinating Council (EC3)** were actively involved in completing and reviewing all components of Phase I, including the infrastructure analysis process. Specific members of these groups are listed in the "Overview of SSIP" section of this document.

In addition to the stakeholder groups, it was important to include as many Infant Toddler Program staff and contractors as possible to assist with the analysis. Once the preliminary **State-identified Measurable Result (SiMR)** was selected and the draft hypotheses were developed, it was then an appropriate time to seek feedback from the regions to ensure that the local level supported the direction ITP was headed.

It was also important to ensure the hub leadership team was engaged in the development of the SSIP, and could provide input or ideas regarding the issues they were experiencing in the field. It will be critical to continue involving the hub leadership team in all phases of the SSIP to ensure there is buy-in and support for the changes so they are aware of the potential impacts the changes will have on the system during each step of the process.

The State Team also set up quarterly meetings with the FACS (**Family and Community Services**) deputy administrator to ensure administration remains involved in the SSIP work and program needs moving forward.

Stakeholder Involvement for Phase II:

Members of the ITP SSIP Committee and EC3 are still very interested in maintaining involvement with the SSIP. Each member brings expertise to the table that will be valuable for planning and implementing each of the improvement strategies.

It has not yet been determined how the stakeholder groups will be structured for Phase II, but it has been discussed that several workgroups will most likely need to be created to focus on each of the strategies. Stakeholders will be selected based on their expertise, current roles and responsibilities, and interest in the project.

Expertise and roles of potential stakeholders may include:

- Experience in establishing and sustaining professional development systems.
- Experience analyzing resource capacity based on professional needs to identify the best methods and modes of training.
- Understanding of typical child development.
- Expertise in social-emotional development and evidence-based practices.

- Understanding of ECO (**E**arly **C**hildhood **O**utcome) and scoring process.
- Knowledge of assessment tools and practices.
- Internal and external early childhood partners.
- ITP staff and contractors with varying backgrounds and disciplines from each region.

A potential structure for the stakeholder groups for Phase II could include the following:

- ITP **S**tate **S**ystemic **I**mprovement **P**lan (SSIP) Committee (Monthly, Bi-Monthly, or Quarterly meetings to review workgroup proposals)
- Workgroups for each strategy (Monthly or more frequent meetings depending on priorities):
 - Professional Development System
 - Assessment Practices
 - Family Involvement
 - Collaboration
 - Monitoring and Accountability
- **F**amily and **C**ommunity **S**ervices (FACS) Administration (Set up as Sponsors, Bi-Monthly or Quarterly meetings)
- Hub leadership meetings (Monthly calls and quarterly in-person meetings to educate and obtain feedback)
- EC3 (**E**arly **C**hildhood **C**oordinating **C**ouncil) (Quarterly meetings to educate and obtain feedback)

2(f) Stakeholder Involvement in Infrastructure Analysis

The State Team, ITP SSIP Committee, and EC3 were actively involved in completing and reviewing all components of Phase I. The stakeholder structure and list of specific group members are described in the “Overview of SSIP” section.

Each group had differing roles and responsibilities, as follows:

STAKEHOLDER GROUPS	ROLES AND RESPONSIBILITIES
State Team	<ul style="list-style-type: none"> • Identify key data sources • Pull and compile data • Complete analysis tools • Analyze results • Develop draft documents for stakeholder review • Identify draft targets
Infant Toddler Program State Systemic Improvement Plan (SSIP) Committee	<ul style="list-style-type: none"> • Review and provide input on draft documents • Complete activities for data and infrastructure analysis • Share experiences to guide analysis • Identify resources • Provide input on draft targets

Early Childhood Coordinating Council (EC3)

- Review final documents and decisions from small stakeholder group
 - Share experiences to guide analysis
 - Identify resources
 - Review, provide input, and approve targets
-

The following chart highlights the major project accomplishments, including stakeholder meetings, achieved as part of the infrastructure analysis:

Timeline	Accomplishments	Small Stakeholder Meeting	Broad Stakeholder Meeting
April – August 2014	<ul style="list-style-type: none">• Broad Infrastructure Analysis• State Initiatives Inventory	8-19-14	7-18-14
September – October 2014	<ul style="list-style-type: none">• OSEP Technical Assistance Visit• In-Depth Infrastructure Analysis• Social-Emotional Hypotheses• ITP Staff/Contractor Survey	10-23-14	9-12-14 11-7-14
November 2014 – February 2015	<ul style="list-style-type: none">• ITP Survey Analysis	1-29-15	2-6-15

Component #3: State-identified Measurable Result

3(a) State-identified Measurable Result (SiMR) Statement

Idaho Part C's **State-identified Measurable Result (SiMR)** statement is:

- Increase the percentage of infants and toddlers with disabilities, receiving services in Regions 1, 2, and 3, who leave the Infant Toddler Program with progress made in social-emotional development.

Preliminary SiMR Selection:

The process to identify the preliminary SiMR occurred from May 2014 – August 2014. The bulk of the work relied on the State Team's analysis of the data, to identify areas of concern and disaggregate data to show a comparison of the three child outcome indicators.

The first Infant Toddler Program **State Systemic Improvement Plan (ITP SSIP)** Committee meeting took place in August 2014. Several activities were completed in order to assist the stakeholders with reviewing the data and discussing concerns and barriers. These activities included:

- **In-Depth Analysis Planning Worksheet** – Used to identify factors that may be contributing to less than optimal growth in “Positive Social-Emotional Skills” and “Use of Knowledge and Skills”. The worksheet focused on areas of concern regarding data, what about the data was concerning, contributing factors, and additional data needed.
- **Initiative Inventory for the SSIP** - Used to identify current and previous initiatives that are related to potential SiMR areas for Idaho.
- **SWOT Analysis (Broad Infrastructure Analysis)** – Used to identify the strengths, weaknesses, opportunities, and threats for each component in relation to the early childhood system in Idaho. Components discussed were Accountability, Data System, Fiscal, Governance, Quality Standards, Professional Development, and Technical Assistance.
- **Recommending Measurable Result Worksheet** – Used to identify to what degree the data demonstrated a need, to what degree the infrastructure supported improvements in the outcomes, and identify leverage points to improve outcomes. The worksheet enabled stakeholders to summarize the results of their broad data and infrastructure analysis to compare the child outcomes and identify a preliminary SiMR.

At the end of the two-day stakeholder meeting, based on the information from the broad data and infrastructure analysis, the committee was able to identify and unanimously vote that the preliminary SiMR be Indicator 3A - Positive Social-Emotional Skills, Summary Statement 1 and 2.

Following the August ITP SSIP Committee meeting, the selection of the preliminary SiMR was presented to the **Early Childhood Coordinating Committee (EC3)** in September 2014. The EC3 demonstrated strong support for the SiMR and preliminary findings, and approved the focus of the SSIP and ITP's next steps for the process.

Final SiMR Subset Selection:

After identifying the preliminary SiMR (**State-identified Measurable Result**) for the SSIP, the team began tailoring the in-depth data and infrastructure analysis to social-emotional outcomes. The process to refine the SiMR occurred from September 2014 – February 2015.

The preliminary SiMR was to improve positive social-emotional skills for infants and toddlers, in both Summary Statements 1 and 2. However, after OSEP's (**Office of Special Education Programs**) technical assistance (TA) visit and discussion of the SiMR options with stakeholders, it was determined that narrowing the SiMR to a sub-set of regions was a viable option and aligned well with phasing in activities over time to different areas of the state. In addition, the SiMR was narrowed to Summary Statement 1 to focus on children making progress in social-emotional outcomes.

Extensive conversations took place regarding which regions to select for the SiMR. The State Team identified that several sources of information needed to be collected in order to assist with selecting the regions:

- **Office of Special Education Programs (OSEP) Technical Assistance Visit:** OSEP visited Idaho in September 2014 to provide technical assistance (TA) regarding the SSIP. The recommendation from OSEP was to target a subset of regions for the SiMR, with a plan to share and implement the SSIP activities with other regions as swiftly as possible. It was suggested that Idaho start with regions or hubs that are ready to move and are higher performers, because readiness and proficiency are vital to making improvements.
- **Infant Toddler Program (ITP) Staff and Contractor Survey:** A survey was sent in November 2014 to collect data on the confidence and competence of ITP staff and contractors in social-emotional development, as well as determine the validity of the hypotheses of potential root causes. The survey also served as a way to compare data from each of the regions. Regions sought for the SiMR needed to be committed and have the capacity to make improvements and reach high fidelity quickly. The survey results were used to identify which regions exhibited those qualities.
- **Personnel Qualifications Inventory:** The personnel inventory was collected in December 2014. The purpose of this data was to get a better understanding of the personnel resources in each region - including the number of staff and contractors, the types of disciplines available, and longevity with the program. It also identified expertise in each of the regions (such as infant mental health), and whether people were willing to provide training on specific topics. The results helped to select regions that appeared to have a stronger infrastructure for the SiMR.

In January 2015, the State Team met several times to discuss the SiMR focus. The operations program manager participated in these conversations to share firsthand experience about each region's status. Additionally, he also spoke with the regions to get a feel for their interest in being early implementers of the SSIP strategies. The following information reported from the operations manager supported that Regions 1, 2, and 3 were appropriate selections for the SiMR subset (refer to 3(c) "SiMR as Child-Family Level Outcome" for supporting data and rationale):

- Expertise in Infant Mental Health
- Strong infrastructure and hub leadership
- Region within largest hub allowing for smooth transition
- Represented both rural and urban
- Ready and willing to be early implementers

The ITP SSIP (**S**tate **S**ystemic Improvement **P**lan) Committee met at the end of January 2015, and the EC3 (**E**arly **C**hildhood **C**oordinating **C**ouncil) met at the beginning of February 2015 and the newly refined SiMR (**S**tate-identified **M**easurable **R**esult) was presented to each of these committees. It was discussed that regions selected for the SiMR should possess the following qualities:

- Agree to be early implementers
- Committed and have the capacity to make improvements and reach high-fidelity quickly
- Communicate to State Leadership any challenges or barriers to implementation
- Report data demonstrating the effectiveness of evidence-based practices

Data results for regions 1, 2, and 3 were summarized and compared to the statewide survey data in order to assist stakeholders with their review. The stakeholders agreed that regions 1, 2, and 3 met the qualifications for the SiMR selection. Refer to 3(c) “SiMR as Child-Family Level Outcome” for additional details.

Targeting the SiMR to Statement 1 was also discussed. The data shows that children are regressing in social-emotional outcomes. Stakeholders discussed that improvements to Summary Statement 1 will most likely lead to improvements in Summary Statement 2, but for the SSIP it is important to focus on the top area of concern, which is to ensure children are making progress in social-emotional outcomes.

3(b) Data and Infrastructure Analyses Substantiating the SiMR

From early on in the analysis process, it was apparent that positive social-emotional skills stood out as a potential SiMR. The outcomes data pulled from ITPKIDS web-based data system showed that children are making the least amount of progress in social-emotional skills compared to the other two outcome areas. It also showed that a larger number of children were entering the program at age expectation, but then regressing while in the program. Finally, social-emotional outcomes had the highest number of children scoring lower at exit than at entry, which suggests that social-emotional needs are not being identified and/or evidence-based practices are not being delivered with fidelity.

In addition to the data, there was substantial support from the stakeholders and local levels that social-emotional development is an area needing improvement in Idaho. Through a series of stakeholder meetings, discussions with hub leadership, and surveying ITP staff and contractors, ITP was able to gather the qualitative information needed to confirm that the data analysis results were valid.

Another major factor for selecting positive social-emotional skills was the existing initiatives identified by the Stakeholders as potential areas of collaboration. There is abundant interest from the Idaho **A**ssociation for **I**nfant and **E**arly **C**hildhood **M**ental Health (AIM Early Idaho),

an organization that offers levels of certification in Infant Mental Health. The Infant Toddler Program also identified staff holding Infant Mental Health certification who expressed their willingness to deliver training to others. Increasing the number of staff and contractors certified in infant mental health is something ITP will be exploring.

In addition to AIM Early Idaho, there were other entities such as Children's Behavioral Health, MIECHV (**M**aternal, **I**nfant, and **E**arly **C**hildhood **H**ome **V**isiting), Optum, and IdahoSTARS to explore in gaining assistance with improving social-emotional outcomes for infants and toddlers. Refer to Component 2 and Component 4 for additional details regarding collaboration efforts.

3(c) SiMR as Child-Family-Level Outcome

Idaho's SiMR (**S**tate-identified **M**easurable **R**esult) is directly related to improving child outcomes for children enrolled in the Infant Toddler Program. By the end of the SSIP (**S**tate **S**ystemic **I**mprovement **P**lan) reporting period in FFY2018, it is expected that in addition to improvements in Indicator 3A Summary Statement 1, enhancements to the professional development and **Q**uality **I**mprovement (QI) systems will result in improving the remaining child outcomes as well.

The State Team and stakeholders strongly believe that social-emotional development is the foundation for children, and focusing on this indicator will have a positive impact on all other areas of development. There is a small window of opportunity to support and encourage positive social-emotional development. Targeting the social-emotional skills area follows the right approach by supporting family relationships with their children as a way to support social-emotional development.

Local-level feedback suggests that ITP staff and contractors are struggling in the area of social-emotional development. Low confidence, lack of training, limited resources, and inability to identify social-emotional needs and outcomes of the child and family were areas identified through the analysis process. Using this information to identify system changes and ensure sustainability of evidence-based practices will inevitably improve results for children and families enrolled in the Infant Toddler Program.

Using the data collected from the ITP staff and contractor survey, and a current inventory of personnel qualifications, ITP selected a subset of regions for the SiMR. A subset of regions was selected in order to be able to closely track and monitor successes and barriers of activities on a small scale before implementing activities on a statewide basis. Each region has unique needs that must be explored to identify what activities will be effective in different parts of the state, and what processes will need to change or be eliminated in order to implement new activities.

The following data depicts the comparison of the regions for the SiMR, which stakeholders reviewed to select the subset (also called demonstration sites):

DEMOGRAPHICS

Staffing – from Hub Leaders Survey:

	Statewide	Region 1	Region 2	Region 3
Service Coordinator	60	9	5	8
Therapists	150	18	13	19
Occupational Therapists	35	5	2	2
Physical Therapists	23	3	3	2
Speech Language Pathologist	39	6	2	5
Audiology Specialist	10	-	-	2
Vision Specialist	4	-	-	2
Developmental Specialist	35	3	6	5
Clinician	4	1	-	1

Staff Attributes – from Hub Leaders Survey:

	Statewide	Region 1	Region 2	Region 3
Can Provide Services in Another Language	13	-	-	4
Could Provide Training to Others	57	5	8	3
Less than 3 Years' Experience	181	25	17	25
Potentially Leaving in the Next 5 Years	23	2	2	6

Staff Longevity:

Hired by ITP	Statewide	Region 1	Region 2	Region 3
2013-2014	24%	17%	15%	34%
2006-2012	45%	52%	42%	46%
2005 or prior	31%	31%	43%	20%

Trainings Received:

	Statewide	Region 1	Region 2	Region 3
Technical Assistance Center on Social Emotional Intervention (TACSEI)	7	1	1	1
Center on the Social and Emotional Foundations for Early Learning (CSEFEL)	8	0	1	1
Division for Early Childhood (DEC)	21	1	2	4
Strengthening Families	26	3	3	7
Social-Emotional Assessment/ Evaluation Measure (SEAM)	12	0	0	2
Infant Toddler Social-Emotional Assessment (ITSEA)	14	3	2	2
Ages and Stages Questionnaire – Social Emotional (ASQ/ASQ-SE)	73	14	9	14
Modified Checklist for Autism in Toddlers (MCHAT-Revised)	27	1	5	4
Autism Diagnostic Observation Schedule (ADOS)	6	5	0	0
Mullen	21	2	1	6
Sensory Profiles	40	7	2	7
None	72	9	9	12

PERSONAL KNOWLEDGE

How comfortable are you in your knowledge about the social-emotional development of infants and toddlers?

	Statewide	Region 1	Region 2	Region 3
COMFORTABLE	92%	100%	94%	91%
Very Comfortable	37%	37%	33%	38%
Somewhat Comfortable	56%	63%	61%	53%
UNCOMFORTABLE	8%	-	6%	6%

How would you rate your confidence level in regards to assigning ECO (Early Childhood Outcomes) scores for social-emotional development?

	Statewide	Region 1	Region 2	Region 3
CONFIDENT	78%	89%	78%	81%
Extremely/Very Confident	35%	33%	39%	37%
Somewhat Confident	44%	56%	39%	44%
UNSURE	22%	11%	23%	19%
Somewhat Unsure	16%	7%	17%	16%
Extremely/Very Unsure	6%	4%	6%	3%

How would you rate your knowledge of typical child development in Social-Emotional domain?

	Statewide	Region 1	Region 2	Region 3
GOOD/EXCELLENT	75%	89%	55%	88%
Excellent	18%	26%	11%	16%
Good	57%	63%	44%	72%
FAIR/POOR	25%	11%	44%	12%
Fair	25%	11%	44%	9%
Poor	1%	-	-	3%

Can a child be determined eligible for the Infant Toddler Program based solely on the social-emotional development area?

	Statewide	Region 1	Region 2	Region 3
YES	68%	89%	67%	66%
NO/DON'T KNOW	32%	11%	33%	35%

How beneficial do you believe additional trainings on typical social-emotional development in infants and toddlers would be for you?

	Statewide	Region 1	Region 2	Region 3
EXTREMELY/VERY	77%	78%	72%	84%
Extremely	44%	41%	28%	56%
Very	33%	37%	44%	28%
SOMEWHAT/NOT AT ALL	22%	22%	28%	16%
Somewhat	21%	15%	28%	16%
Not at all	1%	7%	-	-

How beneficial do you believe additional trainings on assessments for social-emotional development would be for you?

	Statewide	Region 1	Region 2	Region 3
EXTREMELY/VERY	77%	78%	72%	84%
Extremely	42%	41%	28%	56%
Very	35%	37%	44%	28%
SOMEWHAT/NOT AT ALL	23%	58%	28%	16%
Somewhat	20%	51%	28%	16%
Not at all	3%	7%	-	-

INFRASTRUCTURE AND SUPPORT

My orientation training, including formal and informal training, for the Infant Toddler Program was comprehensive and provided the information and resources needed to gain understanding of early intervention and to deliver evidence-based practices.

	Statewide	Region 1	Region 2	Region 3
AGREE	68%	63%	61%	69%
Strongly Agree	21%	11%	22%	25%
Somewhat Agree	47%	52%	39%	44%
DISAGREE	32%	37%	39%	32%
Somewhat Disagree	21%	15%	33%	19%
Strongly Disagree	11%	22%	6%	13%

When an infant or toddler has social-emotional needs, my team has the knowledge and experience to provide the necessary supports or services.

	Statewide	Region 1	Region 2	Region 3
AGREE	84%	85%	84%	88%
Strongly	30%	44%	28%	25%
Somewhat	54%	41%	56%	63%
DISAGREE	16%	15%	17%	13%

In the region where I work, there is a follow-up process to address any areas of concern identified through a quality assurance activity.

	Statewide	Region 1	Region 2	Region 3
AGREE	76%	66%	89%	84%
Strongly	20%	7%	39%	25%
Somewhat	56%	59%	50%	59%
DISAGREE	24%	33%	12%	15%

EARLY CHILDHOOD OUTCOMES (ECO)

	A. No Improvement		B. Improved but not closer to peers		C. Closer but not Typical		D. Improved to Typical		E. Maintained Typical		Regional Total	Summary Statement #1	Summary Statement #2
	n	%	n	%	n	%	n	%	n	%	n	(C+D) / (A+B+C+D)	(D+E) / (Total)
Region 1	6	3.2%	35	18.8%	38	20.4%	42	22.6%	65	34.9%	186	66.1%	57.5%
Region 2	5	7.1%	21	30.0%	10	14.3%	20	28.6%	14	20.0%	70	53.6%	48.6%
Region 3	33	16.3%	42	20.7%	30	14.8%	43	21.2%	55	27.1%	203	49.3%	48.3%
State	98	7.3%	327	24.2%	208	15.4%	367	27.2%	351	26.0%	1,351	57.5%	53.1%

Based on the regional comparison for the SiMR (**S**tate-identified **M**easurable **R**esult), stakeholders agreed that regions 1, 2, and 3 should be the demonstration sites for Indicator 11.

The North Hub (Region 1 and 2) was selected because the infrastructure is solid, it has the highest scores in social-emotional outcomes, and it represents rural parts of the state. The north hub has experienced staff with expertise in infant mental health. Focusing on this hub to further build expertise and identify what processes are working or not will help to determine what systemic changes and expertise are needed to successfully implement activities at the statewide level.

Only selecting the North hub for the SiMR would not help to represent the different areas of the state, which operate differently based on the population served, geographic location, and number of contracted service providers involved. Region 3 was a logical option to include in the SiMR subset with the North hub. Region 3 is located in the West hub along with Region 4, which serves the largest population in the state. The West hub represents the urban parts of the state, as well as serving a larger minority population. Therefore, different activities or processes may need to be rolled out based on unique challenges for each of the regions.

Many of the activities identified for each strategy could potentially be implemented on a statewide basis sooner than others. For example, providing new on-line training modules, standardizing early childhood outcome assessment tools, and developing family friendly resources could be activities that are implemented statewide.

Activities that may need to start on a smaller scale would be new **evidence-based practices** (EBP) such as following the **Center on the Social and Emotional Foundations for Early Learning** (CSEFEL) or **Technical Assistance Center on Social Emotional Intervention** (TACSEI) practice models, developing a master cadre of professionals, identifying collaborations to address social-emotional development needs, fidelity checks of EBP, etc.

By focusing on the chosen demonstration sites, Idaho will have the opportunity to identify strategies that have been successful based on the unique needs of each region. Once the strategies prove to be effective in improving child outcomes, additional regions will be selected based on readiness to implement the new processes.

3(d) Stakeholder Involvement in Selecting the SiMR

The State Team, ITP SSIP Committee, and EC3 (**Early Childhood Coordinating Council**) were actively involved in completing and reviewing all components of Phase I. The stakeholder structure and list of specific group members are described in the “Overview of SSIP” section.

Each group had diverse roles and responsibilities, as follows:

STAKEHOLDER GROUPS	ROLES AND RESPONSIBILITIES
State Team	<ul style="list-style-type: none"> • Identify key data sources • Pull and compile data • Complete analysis tools • Analyze results • Develop draft documents for stakeholder review • Identify draft targets
Infant Toddler Program State Systemic Improvement Plan (SSIP) Committee	<ul style="list-style-type: none"> • Review and provide input on draft documents • Complete activities for data and infrastructure analysis • Share experiences to guide analysis • Identify resources • Provide input on draft targets
Early Childhood Coordinating Council (EC3)	<ul style="list-style-type: none"> • Review final documents and decisions from small stakeholder group • Share experiences to guide analysis • Identify resources • Review, provide input, and approve targets

The following chart highlights the activities completed with stakeholders specific to assisting with the SiMR selection:

Timeline	Accomplishments	Small Stakeholder Meeting	Broad Stakeholder Meeting
April – August 2014	<ul style="list-style-type: none"> • Broad Data Analysis • SWOT Analysis • Recommending Measurable Results Worksheet (Preliminary SiMR selection) 	8-19-14	7-18-14
September – October 2014	<ul style="list-style-type: none"> • OSEP Technical Assistance Visit • Regional Data Comparisons • ITP Staff/Contractor Survey • Personnel Qualifications Inventory 	10-23-14	9-12-14 11-7-14
November 2014 – February 2015	<ul style="list-style-type: none"> • ITP Survey Analysis • Regional Comparison for SiMR (Final SiMR) 	1-29-15	2-6-15

3(e) Baseline Data and Targets

The State Team, ITP SSIP Committee, and EC3 (**E**arly **C**hildhood **C**oordinating **C**ouncil) discussed the baseline and target data for Indicator 11 – **S**tate **S**ystemic Improvement **P**lan (SSIP). The EC3 was asked to vote on the targets, and approved the above percentages.

- Baseline: FFY 2013 – 56.5%
- Targets:
 - FFY 2014 – 56.5%
 - FFY 2015 – 56.5%
 - FFY2016 – 56.5%
 - FFY2017 – 59%
 - FFY2018 – 60%

The FFY 2013 Baseline Data for the SiMR (**S**tate-identified **M**easurable **R**esult) is based on the average percentages of Regions 1, 2, and 3 for Indicator 3.A, Summary Statement 1. Refer to 3(c) “SiMR as Child-Family-Level Outcome” for details of the regional comparison.

The FFY 2014 – FFY 2018 targets were set to reflect a slight increase over time as the SSIP moves into the implementation phase. The FFY 2014 and 2015 data is maintained at the baseline percentage since this timeframe occurs during the planning and development phases, and prior to implementing improvement strategies that would impact the SiMR.

Initial implementation of improvement strategies will occur during FFY 2016, but it seemed premature to show progression with this target given some of the unknowns. Additionally, there could be a lag effect of strategies implemented. For example, new training on ECO (**E**arly **C**hildhood **O**utcomes) scoring in social-emotional development could impact the child outcome data either way. In addition, it will be too soon to expect changes in outcomes data since many of the activities will involve staff and contractors receiving initial training during this timeframe.

It is anticipated that many activities will be fully implemented within FFY 2017 and 2018, resulting in a noticeable improvement. Therefore, the FFY 2017 and 2018 targets were set to show an increase in social-emotional outcomes.

Component #4: Selection of Coherent Improvement Strategies

4(a) How Improvement Strategies were Selected

Once the data and infrastructure analyses were completed, and ITP (Infant Toddler Program) staff and contractors validated the hypotheses related to improving social-emotional outcomes, the next step was to use this information to identify potential improvement strategies.

ITP took the following steps to select the improvement strategies:

STEP 1: Improvement Strategies (State Team)

The State Team held meetings from December 2014 – January 2015 to discuss root causes and identify improvement strategies. The starting point for this work was to review the results of the ITP staff and contractor survey that went out in November. The survey response rate was around 90%, which provided the team with data from close to 200 staff and contractors statewide.

The results of the survey offered valuable information. The responses validated the accuracy of each hypothesis of potential root causes identified by the stakeholders. Additionally, some of the information obtained through the survey will act as baseline data for measuring activities in the future.

The State Team reviewed root causes and high-level survey results. Many of the items identified as potential strategies seemed to fall under a few main areas (or strands) of improvement initiatives. Therefore, the team was able to develop and tailor draft improvement strategies to these overarching initiatives.

A crosswalk document was created to show the connection between the initial hypotheses of potential root causes developed by the stakeholders, the survey results collected from ITP staff and contractors, the root causes confirmed from the survey results and infrastructure analysis, and the improvement strategies developed based on the supporting information. The crosswalk offered an easy way to share the information with the stakeholders for discussion. ([Refer to Appendix J for Hypotheses and Strategies Crosswalk](#))

Prior to the stakeholder meeting, The **E**arly **C**hildhood **T**echnical **A**ssistance Center (ECTA) and The Center for IDEA Early Childhood **D**ata **S**ystems (DaSy) were able to review and provide useful information regarding the crosswalk and draft improvement strategies.

STEP 2: Improvement Strategies (ITP SSIP Committee and EC3)

The ITP SSIP (**S**tate **S**ystemic **I**mprovement **P**lan) Committee reconvened in January 2015 to review the draft improvement strategies. The following activities were used to aide in the discussion:

- **Hypotheses and Strategies Crosswalk** (refer to Step 1 above for a description).
The stakeholders spent time discussing each strategy and supporting information to determine if the State Team had identified appropriate improvement strategies to meet

the SiMR. Through the discussion, a few changes were made to ensure that the areas were addressed sufficiently.

For example, the “assessment practices” strand was changed to ensure that the intent of the strategy was to identify more appropriate assessment tools used for social-emotional development, rather than training of the assessment tools which will fall under the professional development strand. Another change was to create a separate strand for a collaboration strategy.

- **Implementation Science Introduction.** To prepare for planning, implementing, and sustaining the strategies of the SSIP (**S**tate **S**ystemic **I**mprovement **P**lan), the State Team will be using the “Planning Guide to Statewide Implementation, Scale-Up, and Sustainability of Recommended Practices” developed by ECTA (**E**arly **C**hildhood **T**echnical **A**ssistance **C**enter.) Many of the components addressed in this guide are already established in Idaho, or can readily be developed in order to implement new initiatives and sustain their fidelity over time.

The ECTA State Guide and a high-level overview of implementation science was introduced to the stakeholders, in order to give them a better idea of what it will take to achieve the strategies and ultimately meet the SiMR (**S**tate-identified **M**easurable **R**esult) outcome by the end of Phase III.

Following the January 2015 ITP SSIP Committee meeting, the draft improvement strategies were presented to the EC3 (**E**arly **C**hildhood **C**oordinating **C**ouncil) in February 2015. The EC3 agreed that the improvement strategies addressed the root causes, and when implemented will lead to improved social-emotional outcomes for infants and toddlers.

4(b) How Improvement Strategies are Sound, Logical and Aligned

The final set of improvement strategies are sound, logical and aligned because they are based on a culmination of all of the data and information collected over the past year from hub leaders, ITP staff and contractors, and external stakeholders invested in improving outcomes for infants and toddlers and their families. Conversations for the implementation of these strategies have taken place for years in Central Office. Many of these same areas for improvement were identified previously, and can now be given priority through the development of the SSIP.

Idaho’s intention is to implement the improvement strategies using a tiered approach, as it will be critical for some of the strategies to be developed, implemented, and measured for success prior to putting other strategies into effect. The improvement strategies, in order of prioritization, are as follows:

- 1) **Develop a statewide structure that supports the implementation of a standardized, sustainable professional development system for ITP staff and contractors**
 - ITP believes that developing a statewide structure to support the implementation of a standardized, sustainable professional development system is the foundation for making improvements in social-emotional outcomes. Building resources and tools for social-emotional development and expertise in infant mental health will support growth for a consistent and sustainable system.

The results of the ITP survey demonstrates that staff and contractors desire professional development opportunities, and feel like the training they have received is inadequate for addressing social-emotional development, as well as other Part C general requirements and practices.

The goal of this strategy will be to build a professional development system that provides education and support of staff and contractors throughout their ITP careers - from initial orientation, to ongoing evidence-based practices training, to training tailored to meet individual professional needs. This system will offer a variety of training methods, such as online modules, workshops, team learning, certification programs, technical assistance, and mentoring to increase confidence and competence in assessing and supporting social-emotional development.

The implementation science principles will be used to identify how to build expertise within the program, in order to carry out training, monitoring, and accountability functions that maintain fidelity of the practices. Finally, core-training areas will need to be prioritized and tailored to regional needs in order to implement new policies and procedures in a manageable way.

ITP requests a new contracted central office position to carry out the professional development activities related to implementing and sustaining new social-emotional evidence-based practices. Obtaining a contractor for this purpose is currently being explored.

2) Build collaboration with other partner agencies to offer professional development opportunities for ITP staff and contractors

- Building collaboration with other partner agencies and organizations will be critical for the success of implementing a professional development system - developing local level partnerships that will assist staff and contractors with addressing social-emotional development needs of infants and toddlers with disabilities. ITP does not have the resources and capacity to implement a professional development program in isolation. However, ITP can use existing resources and infant mental health expertise within the program to expand the current system.

Potential partnerships have been identified and will be pursued in the near future to discuss how to work together and leverage resources where possible. ITP will not be able to implement these improvement strategies without additional assistance from internal and external partners. It will be important to prioritize this work early on, and ensure all parties are invested in the development of a new system and infrastructure.

3) Establish a statewide quality improvement and assurance (QI/QA) system that reviews, monitors, and enhances early intervention evidence-based practices

- Another top priority is to develop a QI/QA system that ensures ITP is committed to data-based decision making, and develops measures and evaluations that are tailored to high-fidelity implementation of targeted social-emotional practices.

Additionally, procedures must be in place to measure child progress as well as progress of the program in its program-wide efforts.

According to ECTA's "Planning Guide to Statewide Implementation, Scale-up, and Sustainability of Recommended Practices", the measures and evaluation procedures should include:

- a fidelity measure or checklist for indicating the level at which personnel are using the practices accurately;
- the Program-level *Benchmarks of Quality* that is used by teams to examine implementation fidelity and identify action steps; and
- a measure of child progress related to the intended outcomes associated with the targeted recommended practices

The goal of this strategy is to create QA and QI activities at every level that are standardized, understood by staff and contractors, and lead to system improvements. In addition, feedback loops need to be established to ensure concerns and findings are reported to state and local leadership.

Idaho will implement the stages outlined in "ECTA's Planning Guide to Develop the QA/QI System" as described below:
(*Early Childhood Technical Assistance Center)

Planning/Installation Stage	The State Leadership Team (SLT) examines measurement instruments being used by programs to gauge their alignment to the need for measuring fidelity of implementation and social-emotional child outcomes. The SLT develops procedures for and provides training in using evaluation tools, and installs systems that will be used for tracking and analyzing evaluation data.
Implementation Stage	The programs and the SLT decide who will collect the data, how and when the data will be collected, and how the results will be made available and used for decision-making. Additionally, the data are collected and used by programs and SLT for making decisions such as targeting professional development needs or identifying providers who are proficient and may serve as mentors or coaches to their peers, etc. The data are provided to the SLT along with descriptions of challenges or barriers that require SLT attention and/or needs for program TA.
Scale-up and Sustainability Stage	Data are used by programs and the SLT to ensure continued high fidelity of implementation and desired social-emotional child outcomes. Data are reported to the public, funders, and policy makers to market the impact of the initiative as well as to garner support and resources.

ITP requests a new contracted central office position to carry out the quality assurance and quality improvement activities related to implementing and sustaining new social-emotional evidence-based practices. Obtaining a contractor for this purpose is currently being explored.

4) Research and identify appropriate functional assessment tools for ITP staff and contractors to use to identify social-emotional needs for infants and toddlers

- This strategy is related to professional development needs, and will be addressed as a core-training area once the professional development system is established. It will be important to identify a team of experts to research and select appropriate functional assessment tools for social-emotional development. Once these tools are identified, it will be crucial to design training that addresses the types of tools, when to use the tools, and how to use the results for developing child and family outcomes. In addition, training needs to be developed on ECO (Early Childhood Outcome) scoring and eligibility requirements to ensure data reliability.

5) Develop a process to increase family involvement in supporting social-emotional development

- The final strategy is also vitally important for improving social-emotional outcomes for infants and toddlers and their families. The results of the survey demonstrated that staff and contractors are minimally involving families in the ECO process, and are struggling with conversations to the family regarding the child's social-emotional needs. Since the ITP approach is to engage families in parent-driven intervention, these results are in direct conflict with the model.

The goal of this strategy is to learn from parents what information would be beneficial, and methods that would be best for sharing information about the importance of early childhood outcomes. A potential activity supported by staff and contractors is to embed the child outcomes summary (COS) information in each child's IFSP (Individualized Family Service Plan.) The Part B system recently implemented this process in the Individualized Education Program (IEP), so a next step will be to meet with the Department of Education to learn from their experience.

4(c) Strategies that Address Root Causes and Build Capacity

The root causes identified by the State Team, stakeholders, hub leaders, and local-level staff and contractors assisted in identifying which improvement strategies will most effectively address the areas of low performance.

A crosswalk document was created to show the connection between the initial hypotheses of potential root causes developed by the stakeholders, the survey results collected from ITP staff and contractors, the root causes confirmed from the survey results and infrastructure analysis, and the improvement strategies developed based on the supporting information. The crosswalk offered an easy way to share the information with the stakeholders for discussion. (*Refer to Appendix J for Hypotheses/Strategies Crosswalk*)

The following list summarizes the key root causes that correlate to each of the strands of action identified for improvement:

- Professional Development:
 - Lack of a professional development structure
 - Lack of a standardized orientation for staff and contractors
 - Limited access to EBP (**e**vidence-**b**ased **p**ractice) resources for social-emotional development
- Collaboration:
 - Unaware of the role of other partner organizations and how to collaborate with outside supports regarding infant mental health
 - Limited infant mental health resources available for staff and contractors
- Assessment Practices:
 - Appropriate assessment tools for social-emotional development have not been identified
 - Lack of training on assessments, eligibility, and ECO (**E**arly **C**hildhood **O**utcome) process (including typical child development)
- Family Involvement:
 - When the ECO's were initially implemented, it was an added process vs. embedding it within the family-centered planning process
 - Lack of training and resources on how to support families with their child's social-emotional development
- Monitoring and Accountability:
 - Lack of structured statewide **Q**uality **A**ssurance (QA) and **Q**uality **I**mprovement (QI) systems
 - Resources haven't been identified for QA of Evidence-Based Practices fidelity

Applying Idaho's Improvement Strategies to Implementation Science Principles

Another consideration factored into identifying the improvement strategies was the alignment with implementation science principles. According to *ECTA's "Planning Guide to Statewide Implementation, Scale-Up, and Sustainability of Recommended Practices", a state must have several structures in place to implement system changes effectively (***E**arly **C**hildhood **T**echnical **A**ssistance Center.) Therefore, it was important to identify strategies that will help Idaho establish these structures to support system improvements.

The following chart highlights the correlation between the major structures and Idaho's improvement strategies:

Implementation Science Structures	Idaho Improvement Strategies
State Leadership Team	Collaboration - Build collaboration with other partner agencies at the state level to offer professional development opportunities for ITP staff and contractors
Master Cadre of Training and Technical Assistance Professionals	Professional Development - Develop a statewide structure that supports the implementation of a standardized, sustainable professional development system for ITP staff and contractors
Demonstration Sites	SiMR – Narrowed to Regions 1, 2 and 3, which are regions that are eager and able to reach high-fidelity quickly

Data and Evaluation Systems	Monitoring and Accountability - Establish a statewide quality improvement and assurance system that reviews, monitors, and enhances early intervention evidence-based practices to ensure improved social-emotional outcomes
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4(d) Strategies Based on Data and Infrastructure Analysis

The results of the data and infrastructure analysis assisted greatly with identifying improvement strategies. The broad infrastructure analysis was the perfect starting point, because it gave ITP information from a holistic viewpoint of early childhood outcomes (ECOs) and services in Idaho. It offered new ideas and shared experiences that helped guide the direction ITP needed to go, as well as identify how to build a stronger cohort of early childhood professionals.

The data analysis verified that social-emotional development should be a focus for improvement, and identified issues with scoring and data reliability. The data analyst was able to correct the data errors, but a potential training issue was identified. Because of this data finding, the ITP staff and contractor survey was structured to include questions related to confidence in the child outcome measurement process. The survey results validated that staff and contractors had low confidence in ECO (Early Childhood Outcome) scoring (65% unsure), and did not have a clear understanding of eligibility criteria. This is one core-training component that will be considered under the professional development system. Refer to 4(b) "How Improvement Strategies are Sound, Logical, and Aligned" for related strategies.

Another hypothesis that emerged from the data is that families are being minimally included in the ECO process, and social-emotional outcomes are not being sufficiently addressed. Because of this data finding, the ITP staff and contractor survey was structured to include several questions related to family involvement in the ECO process. The survey results validated that there is little family involvement in the process (41% never discuss the ECO with the family, and 37% rarely or sometimes discuss it), and outcomes are not always written to address social-emotional development (74% not always writing them). This data supported the development of the strategy to address increasing family involvement in supporting social-emotional development.

Vision for Building Capacity of the Infant Toddler Program's Infrastructure

It is evident that the improvement strategies cannot be implemented in a vacuum. ITP will need to work with partners and administration to leverage resources and funding as much as possible. ITP will also need to look within the program for opportunities to leverage what is working and eliminate what is not in order to implement changes to the system. It is also imperative that ITP identify existing expertise within the program that can be developed and utilized in the most effective way.

The infrastructure analysis is being used to guide Idaho in accomplishing program improvements. The following key resources have been identified to assist with building the capacity of the ITP system:

- Partner Organizations
 - AIM Early Idaho – Partner to offer Infant Mental Health certification endorsements
 - IdahoSTARS – Model professional development structure

- Department of Education – Model process to embed ECO's in the IEP (Individualized Education Program)
- Implementation Science
 - Planning Guide to Statewide Implementation, Scale-Up, and Sustainability of Recommended Practices – Use as the guide for implementation
 - Master Mentor Program – Align with the Master Cadre structure
- Expertise within ITP
 - Utilize existing Infant Mental Health Specialists - Assist with identifying evidence-based practices related to social-emotional development and provide training
 - Utilize existing Mentors – Assist with identifying evidence-based practices related to social-emotional development and provide training
- SiMR (**S**tate-identified **M**easurable **R**esult) Pilot Regions
 - Complete analysis of regional procedures and practices – Identify inefficiencies and reallocate resources as necessary
 - Build team of experts
- Quality Improvement (QI) Resource
 - Request designated QIS position – Complete QA of evidence-based practices and fidelity checks; deliver EBP training; mentor teams; monitor effectiveness and report findings to state leadership to identify quality improvements

Idaho believes that following the implementation science approach to implementing, sustaining, and scaling-up practices will ensure that ITP takes the right steps to build the capacity of its current system and infrastructure. The improvement strategies were created to align with the major structures defined by implementation science to ensure the necessary structures are developed and in place for carrying out new initiatives, as well as sustaining and improving the fidelity of the initiatives over time.

Key partners have been identified to assist ITP with establishing a professional development structure that provides professionals with the tools and resources needed to effectively deliver early intervention services with a focus on social-emotional development to infants and toddlers long-term. In addition to establishing the structure, these key partners will use their existing systems and resources to carry out professional development activities for ITP on an ongoing basis.

To align with the Master Cadre structure, a team of experts in social-emotional development will need to be established. Focusing on a few select regions with expertise in Infant Mental Health will help identify the most efficient and effective way to implement new practices, and determine what it will take to expand the practices on a statewide level. The existing Master Mentor program will be built upon in order to explore and leverage a program that has already been established and proven effective.

4(e) Stakeholder Involvement in Selecting Improvement Strategies

The State Team, ITP SSIP (**S**tate **S**ystemic Improvement **P**lan) Committee, and EC3 (**E**arly **C**hildhood **C**oordinating **C**ouncil) were actively involved in completing and reviewing all components of Phase I. The stakeholder structure and list of specific group members are described in the “Overview of SSIP” section.

Each group had diverse roles and responsibilities, as follows:

STAKEHOLDER GROUPS	ROLES AND RESPONSIBILITIES
State Team	<ul style="list-style-type: none"> • Identify key data sources • Pull and compile data • Complete analysis tools • Analyze results • Develop draft documents for stakeholder review • Identify draft targets
ITP SSIP Committee	<ul style="list-style-type: none"> • Review and provide input on draft documents • Complete activities for data and infrastructure analysis • Share experiences to guide analysis • Identify resources • Provide input on draft targets
Early Childhood Coordinating Council	<ul style="list-style-type: none"> • Review final documents and decisions from small stakeholder group • Share experiences to guide analysis • Identify resources • Review, provide input, and approve targets

The following chart highlights the activities completed with stakeholders specific to developing the improvement strategies:

Timeline	Accomplishments	Small Stakeholder Meeting	Broad Stakeholder Meeting
November 2014 – February 2015	<ul style="list-style-type: none"> • ITP Staff/Contractor Survey Analysis • Regional Comparison for SiMR (Final SiMR selection) • Hypotheses and Strategies Crosswalk 	1-29-15	2-6-15

Component #5: Theory of Action

5(a) Graphic Illustration

The Theory of Action is divided into five strands of action:

1. Professional Development
2. Collaboration
3. Monitoring and Accountability
4. Assessment Practices
5. Family Involvement

The strands are a starting point for the Theory of Action that originated from the data and infrastructure analyses, hypotheses based on root causes, SiMR (**S**tate-identified **M**easurable **R**esult), and improvement strategies.

The Theory of Action describes a flow of action steps from the State Lead Agency to Local Lead Agencies, to early intervention providers, to children and families, to the SiMR.



Theory of Action



Strands of Action	If ITP...	Then...	Then...	Then...
Professional Development	...develops a statewide structure that supports the implementation of a standardized, sustainable professional development system for ITP staff and contractors	...regional staff and contractors will have resources and ongoing supports necessary to consistently and effectively implement and maintain current and new evidence-based practices ... improvements in practice will be sustainable	...outcomes and strategies related to social-emotional development will be included in IFSP's	
Collaboration	...builds collaboration with other partner agencies to offer joint professional development opportunities, and encourage clinical teaming related to social-emotional development needs	...partner agencies will be leveraged to assist with implementation of a professional development system ...regional staff and contractors will team with partner agencies to collaborate and learn from one another around social-emotional development needs	...appropriate services will be provided using resources from partner agencies to address social-emotional or infant mental health development for families	
Monitoring and Accountability	...establishes a statewide quality improvement and assurance system that reviews, monitors, and enhances early intervention evidence-based practices and COS ratings	...state and local level leadership will support providers in implementing evidence-based practices with fidelity, and provide effective oversight and monitoring of local practices and results ...state and local level leadership will support providers to improve the quality and reliability of COS ratings based on monitoring results ...regional staff and contractors will report areas of concern to state and local leadership to identify and implement changes	...families will have increased child and parent relationships and interactions ... social-emotional evidence-based practices will be implemented by staff and contractors to achieve IFSP outcomes	...an increased percentage of infants and toddlers with disabilities will leave the program with progress made in social-emotional development
Assessment Practices	...researches and identifies appropriate functional assessment tools for ITP staff and contractors to use to identify social-emotional needs for infants and toddlers	...regional staff and contractors will consistently use appropriate assessment tools to ensure data reliability of COS ratings ...regional staff and contractors will appropriately identify social-emotional needs in infants and toddlers	...families will gain increased capacity to support and encourage their children's positive social-emotional development	
Family Involvement	...develops a process to increase family involvement in supporting social-emotional development	...regional staff and contractors will have a process to increase relationships with families in order to better support relationships between the child and family members ...regional staff and contractors involve families in the assessment, child outcome measurement process, and IFSP development process to identify social-emotional needs and priorities		

5(b) How Improvement Strategies will Lead to Improved Results

Idaho's Theory of Action is set up to outline the improvement strategies, in prioritized order of importance, that will be implemented over the span of the SSIP (**S**tate **S**ystemic **I**mprovement **P**lan) to improve positive social-emotional outcomes for infants and toddlers receiving program services. Each strategy is categorized under a "Strand of Action" to highlight the targeted components of the infrastructure.

The columns in the Theory of Action represent the actions that will occur at every system level to improve the SiMR (**S**tate-identified **M**easurable **R**esult.) The following chart provides a description of each column:

If...	Then...	Then...	Then...
ITP's Improvement Strategy	Actions that occur at the state and local system level	Actions that occur with providers and families	SiMR statement

The following describes how each improvement strategy leads to improved results in the SiMR:

Professional Development	Rationale: If the Infant Toddler Program (ITP) develops a statewide structure that supports the implementation of a standardized, sustainable professional development system for ITP staff and contractors, then regional staff and contractors will have resources and ongoing supports necessary to implement evidence-based practices effectively. If that occurs, then early intervention providers will receive the necessary training and follow-up support to provide evidence-based practices. Then families will have increased child and parent relationships and interactions, and increase their capacity to support their child's development so that children will demonstrate improvement in their social-emotional skills and social relationships.
Collaboration	<p>In this strand, the strategy is two-fold. At the state level, the action item is for ITP to build collaboration with other partner agencies to offer joint professional development opportunities, which will enable ITP to leverage assistance from partner agencies to implement a professional development system.</p> <p>At the local level, the action item is for early interventionists to build collaborations with partner agencies to learn from one another and encourage clinical teaming related to social-emotional development needs. If this occurs, regional staff and contractors will have more knowledge about infant mental health and know where to go for help with social-emotional practices. Then families will receive appropriate evidence-based practices and gain new resources, which will lead to children demonstrating improvement in their social-emotional skills and social relationships.</p>
Monitoring and Accountability	Rationale: If ITP establishes a statewide quality improvement and assurance system that reviews, monitors, and enhances early intervention evidence-based practices and COS (C hild O utcome S ummary) ratings, then state and local level leadership will be able to provide effective oversight and monitoring of local practices and results. Regional staff and contractors will implement evidence-based practices with fidelity, and improve the quality of the COS rating data. Then early intervention providers will have accurate and

consistent data to make practice adjustments, as needed, to improve services to children and families. As a result, children will demonstrate improvement in their social-emotional skills and social relationships.

Assessment Practices

Action item for ITP: enhance statewide implementation of functional assessment tools used to identify social-emotional needs for infants and toddlers. If this happens, then regional staff and contractors will take appropriate steps to assess children's social-emotional development. If this occurs, then families will have increased capacity to support their children's social-emotional development and children will demonstrate improvement in their social-emotional skills and social relationships.

Family Involvement

Action item for ITP: develop a process to increase family involvement in supporting social-emotional development. If this occurs, regional staff and contractors will increase relationships with families and involve families in the assessment, child outcome measurement process, and IFSP development process. Then social-emotional needs and priorities of the child and family will be identified. Families will have increased child and parent relationships and interactions, and increase their capacity to support their child's development. As a result, children will demonstrate improvement in their social-emotional skills and social relationships.

It was identified that the primary root cause of low performance in social-emotional outcomes is lack of a professional development system. Thus, the top priority for the **Infant Toddler Program (ITP)** is to build a system that supports professionals initially and throughout their tenure with the tools and resources needed to serve infants and toddlers effectively in the area of social-emotional development.

Collaborations must be pursued as the next step of Phase II to identify partnerships and determine how each of the SSIP (**State Systemic Improvement Plan**) activities can be accomplished. Spending time to develop these collaborations will assist ITP now and in the future with having a better understanding of Idaho's early childhood system, and strengthening the system to increase knowledge of providers related to infant mental health and parent-child interactions

In addition to improving collaborations to support the professional development structure, it is critical to ensure the establishment of a solid monitoring and accountability system to measure the effectiveness of any new activities being implemented. An existing Statewide QA (**Quality Assurance**) Committee is already developing many of the processes necessary to deliver QA activities, including a checklist to measure compliance with procedural requirements and fidelity of services.

The committee's main goals are to develop a process that 1) is clearly defined and consistently followed statewide, and 2) includes a formal feedback loop that ensures information and findings are being reported to leadership for action. It seems appropriate for this committee to be involved with developing and implementing additional QA and QI (**Quality Improvement**) activities related to identifying measurement tools to track progress and results of newly implemented evidence-based practices as part of the SSIP.

The two strategies slated to be implemented as a last step, but that stakeholders felt were large enough to be identified as strategies for the SSIP, are 1) improving assessment practices and 2) family involvement. These strategies are core-training areas that are a top priority to address under the professional development system to improve social-emotional outcome scores. Data from the statewide survey validates that ITP staff and contractors are struggling in these areas and would welcome additional training to address their needs.

Outline of Preliminary Activities for Phase II (April – June 2015):

Implementation science will be followed as a guide for the SSIP (**S**tate **S**ystemic Improvement **P**lan), and the following activities will be completed to accomplish the steps and structures required to implement and sustain new evidence-based practices identified for improving the SiMR (**S**tate-identified **M**easurable **R**esult):

- Identify appropriate stakeholders and develop workgroups
- Explore Infant Mental Health Certification through AIM Early Idaho
- Collaborate with Idaho STARS regarding professional development system
- Complete on-site visits to regions 1, 2, and 3 to map out processes and identify resources, expertise, and capacity
- Research evidence-based practices to address social-emotional development
- Implement a quarterly SSIP newsletter for Infant **T**oddler **P**rogram (ITP) staff and contractors and the public to receive progress updates and provide feedback

The above list is a starting point. Once the stakeholder groups commence, additional steps and activities will be identified as part of an intensive planning process. The hub leadership team will also be instrumental during the development phase in order to provide input on how to implement new initiatives effectively at the local level, and share experiences from varying perspectives to help create innovative ideas.

5(c) Stakeholder Involvement in Developing the Theory of Action

The State Team, ITP SSIP (**S**tate **S**ystemic Improvement **P**lan) Committee, and EC3 (**E**arly **C**hildhood **C**oordinating **C**ouncil) were actively involved in completing and reviewing all components of Phase I. The stakeholder structure and list of specific group members are described in the “Overview of SSIP” section.

Each group had diverse roles and responsibilities, as follows:

STAKEHOLDER GROUPS	ROLES AND RESPONSIBILITIES
State Team	<ul style="list-style-type: none"> • Identify key data sources • Pull and compile data • Complete analysis tools • Analyze results • Develop draft documents for stakeholder review • Identify draft targets
ITP SSIP Committee	<ul style="list-style-type: none"> • Review and provide input on draft documents • Complete activities for data and infrastructure analysis • Share experiences to guide analysis • Identify resources • Provide input on draft targets
Early Childhood Coordinating Council (EC3)	<ul style="list-style-type: none"> • Review final documents and decisions from small stakeholder group • Share experiences to guide analysis • Identify resources • Review, provide input, and approve targets

The ITP SSIP (**S**tate **S**ystemic Improvement **P**lan) Committee convened in January 2015 to review the draft Theory of Action developed by the State Team. The stakeholders spent time discussing the Theory of Action and recommended making a few changes for clarification. The stakeholders agreed that the Theory of Action represented appropriate strands of action to improve positive social-emotional outcomes for infants and toddlers.

Following the ITP SSIP Committee meeting, ITP received guidance from consultants at the **E**arly **C**hildhood **T**echnical **A**ssistance Center (ECTA) to make additional changes and improvements to the document. The Theory of Action was then presented to the EC3 (**E**arly **C**hildhood **C**oordinating **C**ouncil) in February 2015. The EC3 agreed that the improvement strategies addressed the root causes, and when implemented will lead to improving social-emotional outcomes for infants and toddlers.

The following chart highlights the activities completed with stakeholders specific to developing the Theory of Action:

Timeline	Accomplishments	Small Stakeholder Meeting	Broad Stakeholder Meeting
January 2015 – February 2015	<ul style="list-style-type: none"> • ITP Staff/Contractor Survey Analysis • Hypotheses and Strategies Crosswalk • Theory of Action 	1-29-15	2-6-15